



Student

Rizzieri School for the Healing Arts ♦8102 Town Center Blvd, Voorhees NJ 08043♦ph856.810.7548-fx856.810.8501

www.rizzierischoolofmassage.com



Application Procedure:

To apply, students must bring or mail the following to the Admissions Office:

1. Signed, completed application
2. Letter of intent describing reasons and goals for enrolling
3. \$50 non-refundable application fee

Acceptance requirements:

**PLEASE NOTE THAT THE ACCEPTANCE EXPIRES IN 6 MONTHS
APPLICANTS NEED TO REAPPLY IN ORDER TO ATTEND THE SCHOOL**

Applicant for all programs need to complete the following:

1. Tour*
2. Interview*
3. Receive a massage service in the student clinic**

*For a tour/interview appointment please call 856-552-2273

** For a student clinic appointment please call 856-810-7548

Registration Requirements:

To register, students must bring the following to the Admissions Representative at the time of registration.*

1. **Copy of your High School Diploma, official transcript or General Equivalency Diploma.**
2. **Copy of NJ driver's license, passport or birth certificate.**
3. **Check for \$250 tuition deposit made payable to Rizzieri Schools.**

Rizzieri Schools are open to individuals that are 17 years of age and older, have a High School Diploma or GED. Rizzieri Schools do not accept Ability to Benefit Students.

Rizzieri Schools, in their admissions, instruction and graduation policies, do not practice discrimination on the basis of race, religion, color, financial status, sex, national origin, age, veteran status or sexual orientation.

Student Application Form

Name:

Last _____ First _____ Social Security#: _____ - _____ - _____

Mailing Address:

Street & Number _____ City/State _____ Country _____ Zip _____

Permanent Address:

Street & Number _____ City/State _____ Country _____ Zip _____

Telephone Number: () _____ **E-Mail** _____**Date of Birth :****Place of Birth:**

Month/Day/Year _____ City/State _____ Country _____ Zip _____

Sex: Female Male **Race:** _____ **Are you :** married single divorced widowed**Are you a US citizen?** Yes No **If no, country of citizenship:** _____ **How many dependents (Children) ?** _____**Are you a permanent resident of the US?** **If so, please provide copy of Alien Registration Card.****Alien Registration Number:** _____**Are you still attending High School?** Yes No **If no do you have a :** High School Diploma GED**Name of High School or where you attended GED program** _____**City:** _____ **State/Province:** _____ **Country:** _____ **Zip:** _____**LIST BELLOW ALL COLLEGES OR POST- SECONDARY SCHOOLS ATTENDED:**

Name of college or School _____ City/State _____ Dates Attended _____ Degree _____

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EMPLOYMENT: (If applicable)**Employer Name:** _____ **Telephone:** _____**Date Employed:** _____ **Position Held:** _____ **Full or Part Time:** _____**Are you applying as a :** Full time Student Part time Student Transfer Student**Entering Month/Year :** _____ **Program Name :** _____ **Right Hand:** _____ **Left Hand:** _____**Emergency Contact :**

Name & Address _____ Telephone _____ Relationship _____

I certify that all of the above information is correct to the best of my knowledge.**Student Signature:** _____ **Date:** _____

