

Staple or paperclip a picture of yourself in this location. It can be from a family album or a passport style photo; it can be black & white or color. This must be a RECENT picture, so you can be identified from this photo.



Registration Form

OFFICE USE ONLY

Application Fee Paid _____

Initials _____

Date ____/____/____

PROGRAM _____

FA participant _____

SLM participant _____

PERSONAL INFORMATION - Please Print or Type (please do not leave any blanks)

SOCIAL SECURITY NUMBER _____ - _____ - _____

LAST NAME _____ FIRST NAME _____ M.I. _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE () _____ WORK PHONE () _____ CELL PHONE () _____

PLACE OF EMPLOYMENT _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

EMAIL ADDRESS _____ DRIVER'S LICENSE # _____

In your previous educational experiences, were you diagnosed with a learning disability? () YES () NO
If YES, please attach documentation of testing results.

Are you a citizen of the United States? () YES () NO
If NO, please state country and visa status: _____(provide permanent resident card)

RACE (optional): () Caucasian () African American () Hispanic () American Indian () Asian () Alaska Native
() Pacific Islander () Other: _____ () Do not wish to disclose

Is English your primary language? () YES () NO

() MALE () FEMALE MARITAL STATUS _____

IN CASE OF EMERGENCY, PLEASE CONTACT:

_____/_____
NAME TELEPHONE NUMBER(S)

_____/_____
NAME TELEPHONE NUMBER(S)

EDUCATIONAL BACKGROUND
NAME CITY/STATE COMPLETION DATE DEGREE

HIGH SCHOOL _____

COLLEGE _____

TRADE/VOC SCHOOL _____

GED: Date awarded GED certificate: _____ State: _____
(Applicants who have received a GED must provide a copy of the GED Test Scores or a copy of the certificate with registration form)

Are you currently enrolled at any other schools? () YES () NO

Are you currently receiving financial aid for another school? () YES () NO

ARREST HISTORY - It is important that applicants realize that the department of Health makes a final determination as to your eligibility to receive a license. One factor they consider is your arrest history. Since the determination is not made until you have completed training and taken your State Examination, you are required to complete this section prior to admissions so that we can review your information.

Have you ever been charged or arrested? () YES () NO

If you answered YES, please explain: _____

Have you ever been convicted of a misdemeanor or felony? () YES () NO

If you answered YES, please explain and attach court records related to your conviction _____

ENROLLMENT PLAN – Please mark your selection and MM/DD/YEAR of start date _____

____ Basic Massage & Hydrotherapy Program: _____ Massage and Hydrotherapy 600-Hour Program

Night Class/Day Class Half Time/Full Time Day Full Time

____ Basic Facial & Make Up Specialist Program:

Night Class/Day Class

How did you hear about Space Coast Health Institute? (Check one)

Internet _____	Newspaper _____	Yellow Pages _____	Personal Referral _____	SCHI Sign _____
Direct Mail _____	Former Student _____	TV Channel _____	Natural Healers _____	Other _____

What encouraged your decision to choose Space Coast Health Institute?

What was your first overall opinion of our facility (appearance, friendliness of staff, etc)? _____

The information that I have provided on this application is correct to the best of my knowledge.

Signature _____

Date _____

My Application is complete because I have:

- A small photograph attached as indicated on this application (we can photo copy your ID)
- The \$95.00 fee (\$50.00 is a non-refundable registration fee and \$45.00 is an administration fee) must accompany the application in the form of a check or money order made out to Space Coast Health Institute.
- A certified official high school transcript stating date of graduation or copy of graduation diploma or GED equivalent is required.

Please complete and return with registration fee and current picture to:

Space Coast Health Institute
1070 S. Wickham Road
West Melbourne, FL 32904
(321) 308-8000 Fax (321) 722-3997