Student Information Form

To help us comply with current educational state laws, please supply the following info:
Please Print

_____ (_____)_____
Name Day Phone

_____ (_____)_____
Local Address Evening Phone

_____
State/Zip/Country

_____
Permanent Address

_____
e-mail address

Race/Ethnicity: ☐ African Amer ☐ Hispanic ☐ Native Amer/Alaskan
☐ Asian/Pacific Isl ☐ Caucasian ☐ Other _____

Current Employment:
Job Title: _____

Employer: _____

Phone: (_____)_____

_____
Address City State Zip

Employment status: ☐ Full Time ☐ Part Time Hours per week:_____

Other Past Employment:_____

Educational Background: Years of schooling completed:_____

Degrees/Diplomas:_____

Special Training/Certificates:_____

Your intent or purpose for taking this class/program: (Check only one)

Full-Time Career Option: Employed 30 hours/week or more of acupressure/bodywork.
Professional Related Option: Supplemental income (less than 20 hours of related acupressure work).
Personal Development Option: For personal growth; to care for myself and friends.

Student's Verification
I, *(print your name)*_____, have been oriented to the school, have descriptive information of the program and I intend to study at the Acupressure Institute.

_____
Signature Date

Acupressure Institute ~ 1533 Shattuck ~ Berkeley, CA 94709 ~ (510) 845-1059