



**Please Print or Type**

Name \_\_\_\_\_ Date \_\_\_\_\_

SS# \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Birth Date \_\_\_\_\_

What ethnicity do you identify with? \_\_\_\_\_ Citizen of USA? Yes No-Visa Type \_\_\_\_\_

Do You Speak, Read and Write English? Yes No

Do You have a learning disability? Yes No  
If Yes please explain, and provide documentation:

Education: Do You Have a: High School Diploma or GED

Name If High School: \_\_\_\_\_ Year Graduated \_\_\_\_\_

College Completed: associate's Degree  BA or BS Degree  Other Degree: \_\_\_\_\_

Have You Been Treated For Any Major Medical or Physical Conditions In The Past Five Years? Yes No  
If Yes Please Explain:

Have You Ever Been Convicted Of A Felony or Misdemeanor Other Than A Traffic Offense? Yes No  
If Yes Please Explain:

**Class Applying For (Please Check One Program Per Registration Form)**

**Massage Therapy Program**

- 30-week Massage Therapy
- 48-week Massage Therapy
- 25-week Manual Therapy

**Allied Health Program**

- Phlebotomy

**Holistic Health Program**

- Holistic Health Practitioner
- AcuMyo (HHP2)
- Holistic Health 3

**Sports Science Program**

- Personal Trainer

**Please Choose One**

- Evening Class
- Day Class

Class Start Date: \_\_\_\_\_

Program Registered For  
If Not Listed Above: \_\_\_\_\_

Name Of Current Employer: \_\_\_\_\_ Position \_\_\_\_\_

Phone Number \_\_\_\_\_ Supervisor \_\_\_\_\_ Number Of Years \_\_\_\_\_

Address \_\_\_\_\_

**In Case Of Emergency Notify:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

**Vision Statement**

Please Give Us A Statement Of Your Background, Motivation and Goals As They Relate To Your Decision To Study at our Academy. Attach On A Separate Sheet.

A \$100.00 Application Fee Must Accompany This Application.  
Falsifying Information On This Application Will Be Considered Cause  
For Dismissal From This Program Without Refund Of Any Monies Paid.

By Signing Below I Certify That All The Information On This Application Is True and Correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Accepted By (Registrar) \_\_\_\_\_ Date \_\_\_\_\_

The Blue Heron Academy is an Equal Opportunity-Affirmative Action institution and does not discriminate on the basis of age, race, color, religion, sex, national origin, ancestry, disability or handicap in any educational opportunity

**Mail Application and Fee To: Administration Office**

Blue Heron Academy  
2040 Raybrook SE. Suite 104  
Grand Rapids, MI 49546  
Phone: (616) 285-9999  
Toll Free: (888) 285-9989  
(Outside of Grand Rapids Area)

**Office Use Only**

Date of Acceptance Letter and New Student Paperwork Was Mailed: \_\_\_\_\_

Registration Fee Paid: \_\_\_\_\_ Initials \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_