



**Roggendorf School of Hairdressing and Nails**  
 10598 King George Highway, Dell Shopping Centre, Surrey, BC, V3T 2X3  
 Tel: 604 5845630 Fax: 604 584 5631 Email: info@roggendorfschool.co



Hairdressing program application form

(Please fill out this page and bring it to the interview.)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Tel: \_\_\_\_\_

S.I.N. (optional) \_\_\_\_\_ Month and Year of Birth: \_\_\_\_\_

Please make a copy of your ID for us to show your Birthday.

Are you interested in  full time or  part time studies.

Are you left handed? \_\_\_\_\_

Last grade completed in high school	
Please indicate your main activity during past year: (only one)	
Attending Secondary School <input type="checkbox"/>	Attending University <input type="checkbox"/>
Attending College <input type="checkbox"/>	Other Educational Institution <input type="checkbox"/>
	Employed <input type="checkbox"/>
	Other <input type="checkbox"/> (please explain)
How did you hear about our school?	
Requested course start date	
Are you a Canadian citizen, landed immigrant or convention refugee?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Why are you interested in a career in Hairdressing? (use the back of this form for additional space)	