



**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



Nail Technician 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

Attending University

Employed

Attending College

Other Educational Institution

Other  (please explain)

How did you hear about our school?

Requested course start date

Are you a Canadian citizen, landed immigrant or convention refugee?

Yes

No

Why are you interested in a career in Nail Technology? (use the back of this form for additional space)