Royal School of Hairdressing & Barbering



STUDENT REGISTRATION FORM

Submit completed form: via EMAIL <u>info@royalschool.ca</u>
Or in-person

FOR OFFICE USE ONLY
CREDENTIAL: CERTIFICATE
DATE RECEIVED:

Revised: March 5, 2023

Step 1 Personal Information

RSHB Student Number:	*Date of Birth:	
(if applicable) *Last Name:	(DD-MM-YYYY) *First Name:	Middle Name:
Previous Name:	Have you attended RSHB in the past?	*Phone Number:
(While at RSHB,	(Please check 1 box)	
if different from above)	□ NO □ YES	
*Email Address:	□ TES	Alternate Phone Number:
*Current Home Address:	*City:	*Province: *Postal Code:
(Include Unit#, Street # & Name)		
Step 2 Program Information		
*Program Name:		Start Date:
		(DD-MM-YY)
OPTIONAL: Refer a Friend/Fa	mily Name of Friend/Family:	
Please note if you refer a friend/family programs! For more information and in	to a program, you have the option of receiving a 5 nquires on if your program is eligible, please email	•
Please note if you refer a friend/family	to a program, you have the option of receiving a 5 nquires on if your program is eligible, please email	•
Please note if you refer a friend/family programs! For more information and in Step 3 Student/Parent/Guar*Signature:	to a program, you have the option of receiving a 5 nquires on if your program is eligible, please email	info@royalschool.ca *Date:
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Please note if you refer a friend/family programs! For more information and in Step 3 Student/Parent/Guar*Signature: By signing this form, I confirm that th Hairdressing & Barbering using the formation the time of registration. Step 4 Payment Information information below requires submission	to a program, you have the option of receiving a 5 nequires on if your program is eligible, please email dian Signature e information herein is true and complete, and I au llowing payment information. I understand a \$175 (NO PERSONAL CHEQUES, DEBIT/CASH ONLY ACCE	*Date: uthorize payment to Royal School of inon-refundable deposit fee is required at EPTED IN PERSON. Completion of the call 416-261-5665. For EFTs, please email EFT (Electronic Funds Transfer)
*Signature: By signing this form, I confirm that th Hairdressing & Barbering using the fo the time of registration. Step 4 Payment Information information below requires submission payment to info@royalschool.ca) VISA MASTERCARD	to a program, you have the option of receiving a 5 equires on if your program is eligible, please email dian Signature e information herein is true and complete, and I au llowing payment information. I understand a \$175 (NO PERSONAL CHEQUES, DEBIT/CASH ONLY ACCE via EMAIL or in-person. To pay by phone, please of AMEX CERTIFIED CHEQUE	*Date: uthorize payment to Royal School of inon-refundable deposit fee is require EPTED IN PERSON. Completion of the call 416-261-5665. For EFTs, please em