



STUDENT REGISTRATION FORM

Submit completed form: via EMAIL info@royalschool.ca
Or in-person

FOR OFFICE USE ONLY CREDENTIAL: CERTIFICATE DATE RECEIVED: _____

Step 1 Personal Information

RSHB Student Number: (if applicable)	*Date of Birth: (DD-MM-YYYY)		
*Last Name:	*First Name:	Middle Name:	
Previous Name: (While at RSHB, if different from above)	Have you attended RSHB in the past? (Please check 1 box) <input type="checkbox"/> NO <input type="checkbox"/> YES	*Phone Number:	
*Email Address:		Alternate Phone Number:	
*Current Home Address: (Include Unit#, Street # & Name)	*City:	*Province:	*Postal Code:

Step 2 Program Information

*Program Name:	Start Date: (DD-MM-YY)
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OPTIONAL: Refer a Friend/Family

Name of Friend/Family:

Please note if you refer a friend/family to a program, you have the option of receiving a 5% reduction on your enrolment in specified programs! For more information and inquires on if your program is eligible, please email info@royalschool.ca

Step 3 Student/Parent/Guardian Signature

*Signature:	*Date:
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By signing this form, I confirm that the information herein is true and complete, and I authorize payment to Royal School of Hairdressing & Barbering using the following payment information. I understand a \$175 non-refundable deposit fee is required at the time of registration.

Step 4 Payment Information (NO PERSONAL CHEQUES, DEBIT/CASH ONLY ACCEPTED IN PERSON. Completion of the information below requires submission via EMAIL or in-person. To pay by phone, please call 416-261-5665. For EFTs, please email payment to info@royalschool.ca)

<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> AMEX	<input type="checkbox"/> CERTIFIED CHEQUE	<input type="checkbox"/> EFT (Electronic Funds Transfer)
Cardholder Name:		Cardholder Signature:		
Credit Card Number: (Please Print Clearly)	Expiry Date: (MM/YY)	CVV: 3 digit number on back of VISA or MasterCard or 4 digit numeric code on front of AMEX		