



STUDENT REGISTRATION AND INFORMATION FORM

First Name: _____ Middle Initial: _____ Last Name: _____

SS# _____ Drivers license # _____ State: _____ Exp. _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Date of Birth: _____ Current Age: _____ Cell Phone Provider: _____

Emergency contact _____ Phone: _____ Relationship _____

Are you a citizen of the United States of America? Yes No

* By providing email address, cell phone & cell phone carrier information, I am authorizing the school to contact me via these methods. _____ (Student Initials)

Race:

- Alaskan Native
- American Indian
- Asian
- African American
- Hispanic

- Non-Resident Alien
- Other
- Pacific Islander
- Unknown
- Caucasian

Marital Status: Single Married Divorced Widowed Gender: Female Male

High School Grad Date: _____ If still in high school, what grade level are you currently in? _____

Education Level:

- HS Diploma
- HS Transcript
- GED
- College Grad

- Current HS Student
- Some Post Secondary
- Associates Degree

How Did You Hear About Us? _____

Veteran: Yes No

Left Handed: Right Handed:

Smock/Scrub Top Size: _____

Course: Cosmetology Instructor Esthetics Nail Tech

Start date: _____



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Please explain why you want to pursue a career in the Beauty Industry: Your goals, motivations, talents and aspirations for the future.

The career education at the Rogers Academy of Beauty is driven by positive outcomes. We are interested in students that possess a high level of motivation, have cognitive interpersonal skills and personal responsibility. Please explain how you might be a good fit for our school.



ROGERS
ACADEMY OF BEAUTY

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REFERENCES

Parent/Guardian

Name: _____

Address: _____

City: _____ State: _____

Phone: (____) _____ Zip: _____

Cell Phone: _____

Reference 2

Name: _____

Address: _____

City: _____ State: _____

Phone: (____) _____ Zip: _____

Cell Phone: _____

Reference 3

Name: _____

Address: _____

City: _____ State: _____

Phone: (____) _____ Zip: _____

Cell Phone: _____

Reference 4

Name: _____

Address: _____

City: _____ State: _____

Phone: (____) _____ Zip: _____

Cell Phone: _____

Reference 5

Name: _____

Address: _____

City: _____ State: _____

Phone: (____) _____ Zip: _____

Cell Phone: _____

Reference 6

Name: _____

Address: _____

City: _____ State: _____

Phone: (____) _____ Zip: _____

Cell Phone: _____

STUDENT SIGNATURE _____

STUDENT PRINTED NAME _____

PARENT SIGNATURE (if under 18) _____

Cosigner Signature _____

DATE: _____