



BARBER COLLEGE MONTHLY SCHOOL REPORT

School Information

School Name					License number			
School Street Address				City		State		Zip Code
School Report (Month) _____ (Year) _____						Telephone Number _____		
Type of Registration	Print or Type Student Name If new student, include student name, student license number, and social security number	Type of Instruction	Student's Status	Date Instruction Started	Total Hours for the Month	Approved Transfer or Rereg Hours	Total Credit for all time in School (including transfer hours accepted)	Date and T for Terminated or G for Graduated
<input type="checkbox"/> New <input type="checkbox"/> Transfer <input type="checkbox"/> Rereg		<input type="checkbox"/> Barber <input type="checkbox"/> Instructor	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Night class <input type="checkbox"/> Brush-up					
<input type="checkbox"/> New <input type="checkbox"/> Transfer <input type="checkbox"/> Rereg		<input type="checkbox"/> Barber <input type="checkbox"/> Instructor	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Night class <input type="checkbox"/> Brush-up					
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 Signature of School Official

 Date

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License Number _____