



STUDENT REGISTRATION APPLICATION AND MONTHLY SCHOOL REPORT

School Information

School Name	License number
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School Street Address	City	State	Zip Code
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School Report (Month) (Year)	Telephone Number
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Type of Registration	Print or Type Student Name If new student, include student name and social security number	Type of Instruction	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"/> Cosmetology <input type="checkbox"/> Electrology <input type="checkbox"/> Instructor <input type="checkbox"/> Esthetician <input type="checkbox"/> Ltd Instructor <input type="checkbox"/> Manicuring <input type="checkbox"/> Natural Hair Cultivation					
<input type="checkbox"/> New <input type="checkbox"/> Transfer <input type="checkbox"/> Rereg		<input type="checkbox"/> Cosmetology <input type="checkbox"/> Electrology <input type="checkbox"/> Instructor <input type="checkbox"/> Esthetician <input type="checkbox"/> Ltd Instructor <input type="checkbox"/> Manicuring <input type="checkbox"/> Natural Hair Cultivation					
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 Signature of School Official
LARACOSSCHRPT (10/19)

 Date

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License Number _____