



## STUDENT REGISTRATION APPLICATION AND MONTHLY SCHOOL REPORT

School Information

School Name	MI School License Number		
School Street Address	City	State	Zip Code

School Report	Month:	Year:	Telephone Number with area code
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Type of Registration	Print or Type Student Name If new student, include student name and date of birth	Type of Instruction	Date Instruction Started	Total Hours for the Month	Approved Transfer or Rereg Hours	Total Hours Awarded for Schooling (including transfer hours accepted)	Date and Enter 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

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 Date

<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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