

MONTHLY VERIFIED REPORT -BEAUTY CULTURE SCHOOL

820 IAC 4-1-10 (due 15th of each month)

Date of filing (month, day, year)

School license number

Name of school		
Street address (number and street)		
City	State	ZIP code
Telephone number	E-mail address	1

STATUS CODE*	STARTING DATE (month, day, year)	NAME OF STU	DENT	COURSE CODE**	TUITION OWED	HOURS ACCRUED	LAST DAY OF ATTENDANCE (month, day, year)
* Status	Code: N = Nev DO = D		** Course Codes:	ES = Esthet M = Manicu			= Cosmetology = Instructor

AFFIDAVIT				
I certify that I personally completed this report and that the information appearing hereon is true and correct to the best of my knowledge and belief. I understand that providing fraudulent information may be grounds for disciplinary action against the license of this school.				
Signature of preparer	Date (month, day, year)			