

STATE BOARD OF COSMETOLOGY South Carolina Department of Labor, Licensing and Regulation

Name of School:		
	STUDENT DAILY SIGN IN SHEET	
	DATE:	

Student	Social Security Number	Time In	Time Out	Hours	Instructor Signature	Student Signature

This form must be completed and maintained on file for State Inspectors to review.

CH-001B (Part-Time) 10/15/04