LaBarberia Institute of Hair

PRE-ENROLLMENT RECEIPT OF INFORMATION

Student Name:		
Program:	Date:	
I have received written information in signing my enrollment agree	nation concerning the following topics prior to ment:	
School Catalog School's Completion School's Licensure Ra School's Job Placem Certification or Lice Regulatory Oversigh Physical Requirement Pre-Requisites for Em Satisfactory Academ Curriculum for Prog	ent Rate nsure Requirements t Restrictions nts of the Industry ployment ic Progress Policy	
Student Signature	Date	
Parent/Legal Guardian	Date	
School Representative	Date	