South Carolina Department of Labor, Licensing and Regulation

South Carolina Board of Barber Examiners

Name of Shop or School: _____

STUDENT DAILY SIGN IN SHEET

DATE: _____

Student's Name Please Print Legibly	Permit Number	Time In	Time Out	Time In	Time Out	Hours	Instructor' Signature	Student's Signature

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

Rev 8/29/19