OHIO STATE BOARD OF COSMETOLOGY
Cosmetology School –Monthly Attendance and Hours Report

Section 1: School Data

School ID #_____ Name: _____ Month: _____ 20_____

Address: _____ City: _____ Zip Code: _____

Section 2: Monthly Attendance and Hours Report

(Listed Alphabetically) **Student Names** Last First	**Board ID or Last 4 digits of SSN**	**Program of Study Code**	**Enrolled Date**	**Total Hours Previous Month**	**Total hours current month**	**Total hours to date**	**Date Discont.**	**Hours Transferred**

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