SHEAR FINESSE BEAUTY ACADEMY

9200 ARLINGTON EXPRESSWAY

JACKSONVILLE, FL 32225

**PRE-ENROLLMENT RECEIPT OF INFORMATION**

**Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

--------- Access to most recent School Catalog

--------- Physical Demands of the Profession

--------- Safety Requirements of the Profession

--------- Compensation a Graduate Can Reasonably Expect

--------- Annual Report Data\*

--------- State Licensing Information

--------- www.shearfinessehairacademy.com

\*RATES BASED ON THE 2018 ANNUAL REPORT

|  |  |
| --- | --- |
| **COMPLETION RATE** | **58.82 %** |
| **LICENSURE RATE** | **80.00 %** |
| **PLACEMENT RATE** | **87.50 %** |

***Current Standards Set by the Accrediting Agency***: Completion Rate 50.00% - Licensure Rate 70.00%- Placement Rate 60.00 %

Accredited by the **National Accrediting Commission of Career Arts and Sciences** (NACCAS)

**By signing this form, I acknowledge receipt of the pre-enrollment information listed above prior to enrolling.**

**Applicant Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**