SHEAR FINESSE BEAUTY ACADEMY

PRE-ENROLLMENT RECEIPT OF INFORMATION

Student Name _____ **Date _____**

Program _____ **Phone: _____**

Email Address: **_____**

- 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
- Veteran Students must provide previous training and/or college experience prior to enrollment if applicable. Please see all VA information in the school catalog.

*RATES BASED ON THE 2024 ANNUAL REPORT

COMPLETION RATE	**66.67.00%**
LICENSURE RATE	**100.00%**
PLACEMENT RATE	**100.00%**

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/or access to the pre-enrollment information listed above prior to enrolling.

Applicant Signature_____ **Date _____**

12/01/2026-12/01/2026