OKLAHOMA STATE BOARD OF COSMETOLOGY AND BARBERING

2401 NW 23rd Street, Suite 84, Oklahoma City, OK 73107
Student Department 405.522.7621 • Fax 405.521.6846
www.cosmo.ok.gov

OFFICE USE ONLY
Receipt #
Registration #
As of Date

STUDENT REGISTRATION APPLICATION

This form must be accompanied by copy of student contract, current photo (newer than one year) and proof of at least an 8th grade education
Registration effective for 2 years (if attending same course in same school) - No hours will be credited until Registration Receipt is issued
I hereby make application as a student for the purpose of acquiring knowledge of the profession in:

_____
Name of School Address City State Zip

An establishment licensed by the State Board of Cosmetology and Barbering, and operated/owned by _____

Personal Information:

1. Social Security Number (Required for student registration) **Driver's License # is NOT acceptable** _____-_____-_____
2. Last Name _____ First Name _____ Middle Initial _____ Maiden Name _____
3. Street Address _____ City _____ State _____ Zip _____
4. Home Phone Number _____
5. Date of Birth - Month _____ Day _____ Year _____

(If 18 years of age or under, a copy of birth certificate or other proof of age must be attached)

Education:

1. Name under which enrolled in public school _____
2. High School graduate? ☐ Yes ☐ No If no, indicate highest grade completed _____
3. Date of graduation or withdrawal from public school _____
4. Name and location of school _____

If Expired Licensee, please submit copy of last license held:

1. List any previous names under which you may have been licensed: _____
2. Last School attended and dates: _____
3. State the exact year you last held a license: _____

Attach Current ~2" X 3"
Full Face Photo Here
(Newer Than One Year)

Date of Photo:

_____
Month/Day/Year

SCHOOL USE ONLY

Please check the Student type:

☐ New Student	☐ Re-Registration	☐ Transfer

Please check the Student's registered course:

☐ Facialist	☐ Master Cosmetology Instructor	☐ Facialist Instructor
☐ Hairbraiding Technician	☐ Manicurist Instructor	☐ Cosmetician
☐ Cosmetologist	☐ Manicurist	☐ Additional/Review Hours
☐ Barber	☐ Barber Instructor	

For how many hours is the Student registered? _____

Last School Attended: _____ **Last Year Attended:** _____

I will faithfully obey any and all requirements of law and all sanitary or other rules and regulations of the State Board of Cosmetology and Barbering. I have read and received a copy of the Beauty School Contract. I certify that the above photo is of me and I solemnly swear that the foregoing statements are true and correct to the best of my knowledge and belief.

(NOTARY SEAL)

_____
Signature of Applicant

Subscribed and sworn before me this _____ day of _____ 20 _____
State of _____ County of _____
Commission #_____
My commission expires _____ Notary Public _____