



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:

Clary Sage College 3131 S Sheridan Rd Tulsa OK 74145
Name of School Address City State Zip

An establishment licensed by the State Board of Cosmetology and Barbering, and operated/owned by Community Higher Ed

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:
Please check the Student's registered course:
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