

Admission Checklist: COSMETOLOGY

Applicant Name _____ School: _____ GR: _____

➤ Documents must be received ON or BEFORE the deadline to be considered for Priority Enrollment.

ITEM TO BE COMPLETED	DATE RECEIVED	ON TIME – Yes	ON TIME - No
WTC Application Form			
Cosmetology Contract			
Student Agreement			
OSBCB Student Registration App			
Copy of Social Security Card			
Copy of Birth Certificate			
Copy of Transcript or Diploma			
Copy of Attendance Summary			
\$5 Money Order (must include applicant's name and address) Once accepted			
Marriage License/Doc of Name Change	NA		
Documentation of Transfer Hours	NA		
COMPLETION DATE:			
Mandatory Parent Meeting	Yes / No		

FOR OFFICE USE ONLY

Select Priority:	High School	13 th Year			Adult
		Rec	Rec	Rec	
Notes:					

Cosmetology – Sayre Campus

Student Agreement

Applicant: Read and initial each statement below to demonstrate understanding and agreement to comply.

- Placement in WTC's Cosmetology Program is filled on a first come, first served basis. I will not be offered a spot in the class until all documents have been submitted and all requirements have been fulfilled. Failure to complete all necessary requirements could result in a cancelled application or removal from class. *Money is not refundable once it has been submitted to OSBCB. Signing the Cosmetology Contract does not guarantee a spot in the class. If I do not attend the **Mandatory Initial Classroom Orientation on Aug 3, 2023, at 6:00 pm**, my name will be removed from the roster and be replaced by someone on the waiting list. **There are no exceptions.**
- I must wear the proper uniform and shoes which are required for training in WTC's cosmetology program. The approximate cost for each uniform is listed on the back of this form. I am not allowed to clock-in to receive cosmetology training hours until I am in the required uniform. (OSBCB rule 175:10-3-64).
- I understand that I must progress in my coursework and hours of completion to return each semester. My allowed absences may differ than that of WTC policy.
- **HIGH SCHOOL ONLY:** As a high school student, I must complete 1000 Cosmetology hours of training @ WTC plus 500 hours of related high school subjects as deemed by OSBCB (OSBCB rule 199.7G1-2, p68) to register to take the OSBCB Licensing Exam. I am limited to 4 semesters in WTC's Cosmetology program. In 4 semesters, I will have more than enough time to complete the 1000 required hours. If I do not complete my training in 4 semesters, I will need to seek Cosmetology training opportunities elsewhere and add 500 hours.
- **ADULTS ONLY:** As an adult student, I must complete 1500 hours of Cosmetology training @ WTC to register to take the OSBCB Licensing Exam. I am limited to 3 semesters in WTC's Cosmetology program. In 3 semesters, I will have more than enough time to complete the 1500 required hours. If I do not complete my training in 3 semesters, I will need to seek Cosmetology training opportunities elsewhere.

Printed Student Name

Student Signature

Date

Printed Parent Name

(if minor or high school student)

Parent Signature

Date

Printed High School Official's Name

High School Official Signature

Date

Mr. Bill Helton

Printed Instructor Name

Instructor Signature

Date

Western Technology Center

Cosmetology Contract

Cosmetology for High School Students: A two-year/4 semester program, requiring 1000 clock hours, and a passing grade of the curriculum and a high school diploma (by the completion of your program).

Cosmetology for Adult Students: A 3 semester program requiring 1500 clock hours and a passing grade of the curriculum standards and a high school diploma.

All Student's must provide the following:

- Black scrub pants
- Black scrub top
- Black scrub smock
- Black closed-toe shoes that are slip resistant
- \$5.00 State Board Registration fee

WTC provides: Cosmetology supplies, Instructional materials

Campus: Sayre Burns Flat **Student Type:** (circle one only) High School Adult

Initial program you are enrolling in: High School (1000 hrs.) _____ Adult (1500 hrs.) _____

Curriculum fee: \$ _____ (Adults only) **Tuition:** \$ _____ (Adults only)

I, _____, on (month) _____, (day) _____, (year) _____, as a student of the Western Technology Cosmetology program, have read and understand the contents of this contract and promise to uphold my part in my success in this program.

I understand that if I choose not to attend the program this contract is null and void. **(Initial)** _____

Signature of Applicant: _____ **Date:** _____

Parents or Guardian's Signature: _____ **Date:** _____

School Official Signature: _____ **Date:** _____

If a student does not complete the minimum hour (per-year) requirement, he/she will not be eligible to enroll for the following school year. Adult minimum: 1000 hrs. High School minimum: 500 hrs.

Oklahoma State Board of Cosmetology and Barbering requires each student to maintain a minimum of 15 hours per week. If he/she does not meet the weekly hour requirement they will be removed from the program.

Print student name: _____ **Phone number:** _____

Print address: _____ (City) _____ (State) _____ (Zip) _____

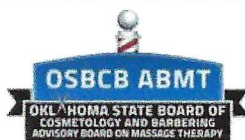
Print email address: _____



OSBCB 101 (01/19)

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AOD _____



OKLAHOMA STATE BOARD OF COSMETOLOGY AND BARBERING

ADVISORY BOARD ON MASSAGE THERAPY

2401 NW 23rd Street, Suite 84, Oklahoma City, OK 73107-2453

Student Department 405.522.7621 • Fax 405.521.2440 • www.cosmo.ok.gov

J. Kevin Stitt
GovernorSherry G. Lewelling
Executive Director

DO NOT WRITE ABOVE THIS LINE

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:

Western Technology Center 2002 NE Highway 66

Sayre, OK

73662

Name of Cosmetology/Barber School

Address

City

Zip

* * *

Last Name _____ First Name _____ Middle Initial _____ Maiden Name _____

Social Security Number (Required for Registration – Driver License Number will not be accepted): _____

* * *

Home Address _____ City _____ State _____ Zip _____

* * *

Home Phone Number _____ Date of Birth: Month _____ Day _____ Year _____

Instructor Name: _____ Instructor Signature: _____

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

Name under which enrolled in public school: _____

High School graduate/GED? ☐ Yes ☐ No If no, highest grade completed: _____ Date of graduation or withdrawal _____**If Expired Licensee, please submit copy of last license held:**

List any previous names under which you may have been licensed: _____

Last School attended and dates: _____ State the exact year you last held a license: _____

Attach Current 2" X 2"
Full Face Photo Here
(Tape, no staples)
(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:

☐ Barber☐ Manicurist☐ Facialist Instructor☐ Cosmetician☐ Additional/Review Hours☐ Manicurist Instructor☐ Cosmetologist☐ Master Barber Instructor☐ Facialist☐ Master Cosmetology 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, sanitation, rules and regulations of the State Board of Cosmetology and Barbering. I have read and received a copy of the School Contract. I certify that the above photo is of me, and I solemnly swear that the foregoing statements are true and correct.

(NOTARY SEAL)

X _____

Signature of Applicant

Subscribed and sworn before me this _____ day of _____ 20 _____

State of _____ County of _____

Commission # _____

My commission expires _____

Notary Public _____