

**Oklahoma State Horseshoeing School**  
**Basic Horseshoeing**  
**Catalog Volume 39**  
**March 8<sup>th</sup>, 2023**

Telephone 580-223-0064 \* 800-634-2811 \* Fax 580-319-5300 \* 4802 Dogwood Rd. Ardmore, OK 73401

**E-mail: [oshs@horseshoes.net](mailto:oshs@horseshoes.net)**

**Application and Enrollment Agreement**  
(TO BE RETURNED WITH ENROLLMENT)

Name \_\_\_\_\_ Student ID#, SS# \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Fax # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_ M \_\_\_ F Height \_\_\_\_\_ Weight \_\_\_\_\_

Disabilities (if any) \_\_\_\_\_

Education Level \_\_\_\_\_ Married \_\_\_\_\_ Yes \_\_\_\_\_ No

Transportation \_\_\_ Car \_\_\_ Bus \_\_\_ Plane Veterans: I will be attending using VA Benefits? \_\_\_\_\_

Who referred you to this school? \_\_\_\_\_

Date of class desired? \_\_\_\_\_ Alternate Date \_\_\_\_\_ I will be staying in the dorm \_\_\_ Yes \_\_\_ No

Tuition Total \_\_\_\_\_ Funding Expected \_\_\_\_\_

Form of Payment: \_\_\_ Cash \_\_\_ Check \_\_\_ Credit/Debit \_\_\_ Money Order \_\_\_ Cashier's Check

Credit/ Debit Card #: \_\_\_\_\_ Expiration: \_\_\_\_\_ Security Code#: \_\_\_\_\_

I will assume full responsibility for injury to myself and will not hold the Oklahoma State Horseshoeing School or anyone connected responsible for accident. I have read and understand all aspects of this agreement, which is an extension of the brochure, and the policies contained therein that apply. I have also read and fully understand the current school brochure. Also, I understand that this agreement becomes a legal and binding contract once it is completed by both parties. I understand that this application's personal to me and that if I desire to assign the same, I must get the written consent of the Oklahoma State Horseshoeing School.

**Signed:** (student) \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Parent or Guardian (if under 18) (if under 18, must be notarized)

**O.S.H.S. Official Signature:** \_\_\_\_\_

**Acceptance Date:** \_\_\_\_\_ Accepted for \_\_\_\_\_ Class