

**\$83.00 campus fee must accompany this form for all students enrolling in full-time programs.**



2562 Centennial Road ~ Salina, KS 67401  
785-309-3100 ~ 800-466-7989 ~ FAX 785-309-3101

Date Rec'd \_\_\_\_\_  
Student ID # \_\_\_\_\_  
Campus Fee \$ \_\_\_\_\_ Rec.# \_\_\_\_\_  
Program Fee \$ \_\_\_\_\_ Rec.# \_\_\_\_\_  
Tuition \$ \_\_\_\_\_ Rec.# \_\_\_\_\_  
Tool Rental \$ \_\_\_\_\_ Rec.# \_\_\_\_\_  
Letter \_\_\_\_\_ Entered \_\_\_\_\_  
Fees \_\_\_\_\_ Transcript \_\_\_\_\_

**SATC OFFICE USE ONLY** Revised 7/10/09

## APPLICATION FOR ADMISSION

(All High School students please contact the Student Services office at the phone number listed above for fees)

**Failure to fully complete this form or pay campus fee will delay admission**

**PERSONAL INFORMATION:** (Please type or print in ink)

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Permanent Address \_\_\_\_\_  
(City) (State) (Zip) (County)

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Date of Birth \_\_\_\_\_ U.S. Citizen  Yes  No Veteran Benefits \_\_\_\_\_ Yes Chapter No. \_\_\_\_\_

The following information will be used for statistical purposes only. (Please check appropriate box)

Gender:  Male  Female

Race: Do you consider yourself to be Hispanic/ Latino?  Yes  No

In addition, select one or more of the following racial categories to describe yourself:

Asian/Pacific Island  American Indian/Alaskan Native  White  Black or African American  Native Hawaiian or Pacific Islander

Nearest Relative: (Please check appropriate box)

Parent  Guardian  Spouse Name \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_  
(City) (State) (Zip) (County)

**EDUCATIONAL HISTORY:** (Please list all of the schools you have attended including high school, college, tech school, etc.)

\* If you have a GED please indicate. If you do not have a high school diploma or GED contact SATC for specific enrollment information.

Name of Institution	Address	City/State	Zip	Graduation Year

**PROGRAM INFORMATION**

Intended Start Date (month) \_\_\_\_\_ (year) \_\_\_\_\_

High School Transcript or GED scores required

HIGH SCHOOL am / pm  POST SECONDARY Full or Part-Time am / pm

I am enrolling in; (choose one)  AAS Degree Program  Certificate Program  Individual Courses

In the following program area (choose one):

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Applied Electronic Technology      | <input type="checkbox"/> Auto Collision Repair                   | <input type="checkbox"/> Automotive Technology   |
| <input type="checkbox"/> Business Administrative Technology | <input type="checkbox"/> Commercial & Advertising Art            | <input type="checkbox"/> Computer Aided Drafting |
| <input type="checkbox"/> Construction Technology            | <input type="checkbox"/> Dental Assistant                        | <input type="checkbox"/> Diesel Technology       |
| <input type="checkbox"/> Environmental Technology           | <input type="checkbox"/> *Health Occupations (CNA, HHA, CMA, MT) | <input type="checkbox"/> HVAC                    |
| <input type="checkbox"/> Machine Tool Technology            | <input type="checkbox"/> Medical Assistant                       | <input type="checkbox"/> Welding Technology      |
| <input type="checkbox"/> Electrical Technology/Fall 2010    |  |  |

\* Health Occupations classes are open to high school students only. (Completers are required to take a state certification exam)

**How did you hear about our school?**

Radio \_\_\_ TV \_\_\_ Newspaper \_\_\_ SATC Student \_\_\_ Mail-outs (brochures, flyers) \_\_\_ @ High School \_\_\_ Other \_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature if Applicant is under 18 \_\_\_\_\_ Date \_\_\_\_\_

SATC does not discriminate on the basis of race, color, creed, nationality, sex, age, or handicap, in admission or access to, or treatment or employment in, its programs and activities. Inquiries concerning Title VI, Title IX, and Section 504 and the Americans with Disabilities Act may be referred to the Dean of Administrative Services Office, 2562 Centennial Road, Salina, KS 67401. Phone 785-309-3100.