

\$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

Marital Status: Single Married

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 |
|---------------------|---------|------------|-----|-----------------|
| | | | | |
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| | | | | |

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 _____