

Today's Date _____



2562 Centennial Road . . . Salina, KS. 67401
785-309-3100 or 800-466-7989

REGISTRATION INFORMATION

_____ Social Sec. No.	_____ Last Name	_____ First Name	_____ Middle Name	
_____ Birth Date	_____ Mailing Address		_____ City	_____ State
_____ Area /Home Phone		_____ Area /Work Phone	_____ Start Date	_____ End Date
_____ Course Name			_____ Course No.	



FINAL ENROLLMENT INFORMATION

Applicant's Signature _____ Date _____

E-mail address _____

Emergency contact person: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip _____

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

Gender: Male Female Marital Status: Single Married
Race: (AS) _____ Asian/Pacific Island (AI) _____ American Indian/Alaskan (WH) _____ White non-hispanic
(BL) _____ Black non-hispanic (NR) _____ Non-resident alien (HI) _____ Hispanic

Highest grade completed in school: 8, 9, 10, 11, 12, (GED), 13, 14, 15, 16 _____

Which of the following best describes your reasons for taking this program of study?

- 1. To learn a new or different occupational skill.
- 2. To upgrade or improve existing skills.
- 3. To maintain a license or complete CEUs
- 4. Personal enrichment

How did you hear about our school?

Radio _____ TV _____ Newspaper _____ SATC Student _____ Mail-outs (brochures, flyers, etc.) _____ Other _____

In accordance with Title IX of the 1972 amendments, the Salina ATC does not discriminate on the basis of sex in enrollment nor employment. Neither does the Salina ATC discriminate on the basis of race, color, creed or religion in enrollment nor employment.

SATC Office Use	Date Rec'd _____	Billing Information _____
Tuition \$ _____	Rec.# _____	_____
Program Fee \$ _____	Rec.# _____	_____
Books \$ _____	Rec.# _____	_____
Rental Fees \$ _____	Rec.# _____	_____
Test Fees \$ _____	Rec.# _____	_____
KDHE Fees \$ _____	Rec.# _____	_____