

# ENROLLMENT APPLICATION

(Please Note Refund Policy)

SOCIAL SECURITY NUMBER \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

## PLEASE ENROLL ME IN THE FOLLOWING:

CLASS NAME	BEGIN DATE	MEETING DAY(S)	MEETING TIME	CLASS COST
		M T W Th F S		\$
		M T W Th F S		\$
		M T W Th F S		\$
		M T W Th F S		\$

Please indicate which discount applies:  
65 & Over \_\_\_ Age 62-64 \_\_\_ School Employee \_\_\_

If Mid-America should invoice an agency for your tuition, fees, books, etc., please indicate so below:

Agency/Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Billing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

P O # \_\_\_\_\_

I hereby authorize officials of Mid-America Technology Center to release information in my records and files upon request by prospective employers, other educational institutions and/or educationally related financial/sponsoring agencies.

\_\_\_\_\_  
(Signature)

Mail application to:

Adult Education  
Mid-America Technology Center  
P O Box H  
Wayne, OK 73095-0210

## OFFICE USE ONLY

Date Enrollment Received \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

MASTERCARD \_\_\_\_\_ VISA \_\_\_\_\_ DISCOVER \_\_\_\_\_

Amount Paid \$ \_\_\_\_\_ Balance Due \$ \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Cash \_\_\_\_\_ Check \_\_\_\_\_ Money Order \_\_\_\_\_

Card Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Receipt Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ / \_\_\_\_\_ Auth Number \_\_\_\_\_

**REFUND POLICY:** Full refund is given for courses cancelled by Mid-America Technology Center. The school reserves the right to cancel a class due to insufficient enrollment up to the day the class begins. Upon request, enrollment fees are refundable less \$5.00 if the student cancels before the third class meeting. No refunds will be issued after the third class meeting.