

Enrollment Application (Please Note Refund Policy)



Social Security # _____ Date of Birth _____

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-Mail _____

***Contact Phone for Class Cancellations _____

CLASS NAME	BEGIN DATE	MEETING DAY(S)	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 or Fax to: Adult Education, Mid-America Technology Center, PO Box H, Wayne, OK 73095-0210 • FAX: (405) 449-3421

Office Use Only

Date Enrollment Received _____

MASTERCARD VISA DISCOVER

Amount Paid \$ _____ Balance Due \$ _____

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.