

## 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.