

\$75.00 campus fee must accompany this form for all Post Secondary students.



2562 Centennial Road ~ Salina, KS 67401
785-309-3100 ~ 800-466-7989 ~ FAX 785-309-3101

SAT Office Use Only

Date Rec'd	_____
Student ID #	_____
Campus Fee \$	_____ Rec.# _____
Program Fee \$	_____ Rec.# _____
Tuition \$	_____ Rec.# _____
Tool Rental \$	_____ Rec.# _____
Letter	_____ Entered _____
Fees	_____ Transcript _____

Revised 06/13/2008

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 _____ Preferred Name (Nickname) _____
(First) (Middle) (Last)

Permanent Address _____
(City) (State) (Zip) (County)

Home Phone (_____) Work Phone (_____) Cell Phone (_____)

Date of Birth _____ U.S. Citizen Yes No Social Security No. _____

Veteran Yes No Veteran Benefits Yes No Chapter No. _____

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

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 SATS for specific enrollment information.

Name of Institution	Address	City/State	Zip	Graduation Year

PROGRAM INFORMATION

Intended Start Date (month) _____ (year) _____

High School Transcript or GED scores required (Please check appropriate boxes below)	<input type="checkbox"/> HIGH SCHOOL am / pm	<input type="checkbox"/> POST SECONDARY Full Time or Half Time am / pm
<input type="checkbox"/> Applied Electronic Technology	<input type="checkbox"/> Auto Body Technology	<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)	<input type="checkbox"/> HVAC
<input type="checkbox"/> Machine Shop	<input type="checkbox"/> Medical Assistant	<input type="checkbox"/> Welding Technology
*Billing information required for Environmental Technology students _____		
* Health Occupations classes are open to high school students only. (Completers are required to take a state certification exam)		

Applicant Signature _____ Date _____

Parent Signature if Applicant is under 18 _____ Date _____

In accordance with Title IX of the 1972 amendments, SAT does not discriminate on the basis of sex, race, religion, national origin, age or handicap in the operation of its educational programs and activities, recruitment, and admissions and employment practices.