



Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ MO SIS # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender: Male Female Race: \_\_\_\_\_

Social Security Number \_\_\_\_\_ Special Needs Yes/No

In what year did you graduate from high school or obtain your GED? \_\_\_\_\_

Where did you graduate high school? \_\_\_\_\_

In what program(s) are you enrolling or inquiring? Please indicate AM, PM or all day.

\_\_\_\_\_

Emergency Contact \_\_\_\_\_

**Insurance:** It is recommended that all students enrolled in a lab/shop type program through Moberly Area Technical Center have personal medical insurance. Medical insurance is the responsibility of the individual student.

I verify with my signature that I understand the policy on medical insurance. I will also comply by the rules and regulations of the Moberly Area Technical Center Adult Student Handbook as it applies to this course.

\_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

Deposit attached \_\_\_\_\_ Background Check Fee Attached \_\_\_\_\_