

Mifflin County Academy of Science & Technology  
700 Pitt St.  
Lewistown, PA 17044

**Emergency Medical Technician (EMT) - Tuition: \$900**

All information on this form must be completed and returned with your tuition to the above address.  
Call ahead to ensure availability

(Full Legal Name)

Last, First, Middle Name \_\_\_\_\_ (Maiden Name) \_\_\_\_\_

Social Security # \_\_\_\_\_ County \_\_\_\_\_

Address/PO Box \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Birth Date \_\_\_\_\_

Gender: M \_\_\_\_\_ F \_\_\_\_\_ Email Address \_\_\_\_\_

**Race:** (Please circle)

- |   |                                               |   |                                                          |
|---|-----------------------------------------------|---|----------------------------------------------------------|
| 1 | American Indian/Alaskan Native (not Hispanic) | 4 | White (not Hispanic)                                     |
| 2 | Black or African American (not Hispanic)      | 5 | Multi-Racial (not Hispanic)                              |
| 3 | Hispanic (any race)                           | 6 | Asian (not Hispanic)                                     |
|   |                                               | 7 | Native Hawaiian or other Pacific Islander (not Hispanic) |

**Are you a single parent?** Yes No (Please circle)  
**Are you a displaced homemaker?** Yes No (Please circle)  
**Are you a foster student?** Yes No (Please circle)  
**Are you a migrant?** Yes No (Please circle)  
**Are you homeless** Yes No (Please circle)

**The above information is used for state reporting purposes only and is not shared with anyone else.**

The Academy requests social security numbers for the purpose of enrollment to verify your identity for official record keeping and state reporting. If you choose not to provide your social security number, financial aid may not be available to you.

Please read and sign the following statement:

I understand the following:

- Tuition may be refunded prior to the first class. No refunds will be made after the class begins.**
- The school is not liable for damage or theft of any personal belongings brought on premises by students.
- The school is not liable for payment of medical expenses or damages due to bodily injury whether self-inflicted or inflicted by another student.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Method of Payment: (Circle One)** Check Money Order Cash Discover Master Card VISA

**Amount: \$** \_\_\_\_\_ **Notes:** \_\_\_\_\_