# FIRE TECHNOLOGY
## IN-SERVICE TRAINING
Schoolcraft College

**Incomplete forms cannot be processed**

DATE OF BIRTH

STUDENT NUMBER (if known)
To be assigned to first-time

**OR**

LAST 4 DIGITS OF
SOCIAL SECURITY NUMBER

❍ Male ❍ Female

LAST NAME

FIRST NAME

MI/FORMER NAME

NUMBER AND STREET

CITY

STATE

ZIP CODE

EMAIL ADDRESS

DAY PHONE

EVENING PHONE

CELL PHONE

**SECTION No.** 749517

**CESP No.** 0222

**COURSE TITLE** Courage To Be Safe (11/10/18)

**AMT: $** 0.00

**Mail to:** Schoolcraft College
Fire Technology
31777 Industrial Rd.
Livonia, MI 48150

Ph. (734) 462-4305
Fax (734) 462-4304
Email: firetraining@schoolcraft.edu

**Agency paid tuition:**
Please send a copy of your purchase order when you register.

Name FREE

Address

Billing Contact Person

For office use only:

❍ Enclosed is my Check/Money Order payable to Schoolcraft College.

❍ Charge to VISA/MC/Discover No. _____ Exp. _____

Signature required for charge card payment (Refund checks are issued to students rather than charge card credits)