



# LAW ENFORCEMENT

## IN-SERVICE TRAINING

Schoolcraft College

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
STUDENT NUMBER  
To be assigned to first-time students.

OR

\_\_\_\_\_  
SOCIAL SECURITY NUMBER  
Returning students only need to include the last 4 digits.

Male

Female

DATE OF BIRTH is **REQUIRED** in order to receive credit for this class.

If this is your first class at Schoolcraft College, your SOCIAL SECURITY NUMBER is **REQUIRED**.

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MI/FORMER NAME

\_\_\_\_\_  
NUMBER AND STREET

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

\_\_\_\_\_  
DAY PHONE

\_\_\_\_\_  
EVENING PHONE

\_\_\_\_\_  
CELL PHONE

\_\_\_\_\_  
MCOLES #

\_\_\_\_\_  
DEPARTMENT/AGENCY

\_\_\_\_\_  
EMAIL ADDRESS

If you wish to receive email notification of additional offerings in Law Enforcement In-Service Training courses.  
Your email address will be kept confidential by the Law Enforcement In-Service Program at Schoolcraft College.

SECTION No.	CESP No.	COURSE TITLE	AMT: \$
_____	_____	_____	_____

TOTAL \$ \_\_\_\_\_

**Mail to:**

Schoolcraft College  
Public Safety  
Training Complex  
31777 Industrial Rd.  
Livonia, MI 48150  
ph. 734.462.4307  
fax. 734.462.4304



**Company paid tuition:**

Please send a copy of your purchase order when you register.

Co. Name \_\_\_\_\_

Co. Address \_\_\_\_\_

Billing Contact Person \_\_\_\_\_

PO# \_\_\_\_\_

For office use only:

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

Charge to VISA/MC/Discover No. \_\_\_\_\_



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