



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: \$
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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)