



FIRE TECHNOLOGY

IN-SERVICE TRAINING

Schoolcraft College

Incomplete forms cannot be processed

<input type="text"/>	<input type="text"/>	OR	<input type="text"/>	<input type="radio"/> Male	<input type="radio"/> Female
DATE OF BIRTH	STUDENT NUMBER (if known) <small>To be assigned to first-time</small>		LAST 4 DIGITS OF SOCIAL SECURITY NUMBER		

<input type="text"/>	<input type="text"/>	<input type="text"/>
LAST NAME	FIRST NAME	MI/FORMER NAME

<input type="text"/>	<input type="text"/>
NUMBER AND STREET	CITY

<input type="text"/>	<input type="text"/>	<input type="text"/>
STATE	ZIP CODE	EMAIL ADDRESS

<input type="text"/>	<input type="text"/>	<input type="text"/>
DAY PHONE	EVENING PHONE	CELL PHONE

SECTION No.	CESP No.	COURSE TITLE	AMT: \$
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Must also register in SMOKE for course: 2019-2-82-G11A-0013

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.	For office use only:
Name _____	
Address _____	

Billing Contact Person _____	

- 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)