



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.

CESP No.

COURSE TITLE

AMT: \$

Must also register in SMOKE for course: 2019-2-82-L06B-0571

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



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



<p>Agency paid tuition: Please send a copy of your purchase order when you register.</p> <p>Name _____</p> <p>Address _____</p> <p>_____</p> <p>Billing Contact Person _____</p>	<p>For office use only:</p>
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- 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)