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: $
749510	6339	HSO - Health and Safety Officer	95.00

Must also register in SMOKE for course: 2019-2-82-G02B-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

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

Name _____

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)