



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: \$

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)