

Term of Registration: Fall Spring Summer

Last 4 Digits of SSN: _____

Last Name _____ First Name _____ Middle Initial _____ Former _____

Address _____ City _____ State _____ Zip _____ County/Residence _____

P Home Phone: (____) _____ - _____
 H Cell: (____) _____ - _____
 O Work: (____) _____ - _____
 N
 E

Employment Full-Time
Status: Part-Time

Are you 65 or older? Yes No
Date of Birth: ____/____/____ **Required**
 Gender: Male Female

Ethnicity: Hispanic or Latino
 Yes No

Race (Choose one or more): White Asian Black or African American
 American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED 13 14 15 16 17 AA Voc. Diploma Bachelor's Masters

Please complete the appropriate line below: (REQUIRED) DO NOT ABBREVIATE AGENCY OR RANK

- If **firefighter**- please circle VOLUNTEER or PAID DEPARTMENT _____
- **Sworn Officer?** Yes / No Agency _____ Rank _____
- If **EMS** Agency _____ Rank _____
- **DOC?** Yes / No **NOTE:** Only employees mandated to receive yearly training for certification purposes are fee waiver. Others must pay fee.

Course Code <small>Example: CJC 3925-123</small>	Course Title <small>Defensive Tactics</small>	Day (s) <small>Th</small>	Time <small>8-12</small>	Location <small>PS 114</small>	Reg. Fee

Signature Required: _____

Date Required: _____