



Emergency Dispatcher Application for Enrollment



♦Start Date: _____

First Name Middle Last Name Maiden/other Name(s)

Street Address City State Zip Code

Phone (Main) Phone (Other) Male/Female (M/F) Race Date of Birth (mm/dd/yyyy)

Social Security Number Email Address

OR

High School City/State Year Graduated GED Earned (Date)

College Location Dates Attended Credits Degree Earned

College Location Dates Attended Credits Degree Earned

Previous Experience Related to EMS / Firefighter (Include Service/Location/Dates)

Certificates Earned

Emergency Contact Person(s) First & Last Name Relationship to applicant Phone Number 1 Phone Number 2

Images including me may be used for print publications or other electronic/digital promotion of course programs.
YES _____ NO _____

With this completed application, please submit the following to the Adult and Community Education Office:

1. _____ Copy of high school diploma or equivalency certificate
2. _____ Copy of driver's license or official ID

I certify the information given on this application is correct and complete. I understand that submission of false information is grounds for denial of admission or immediate suspension if enrolled. If accepted as a student at Excelsior Springs Area Career Center, I agree to abide by the rules and regulations regarding conduct and other obligations as set forth in the student handbook.

Signature of Applicant _____ Date _____

OFFICE USE ONLY:

Start Date _____ REPD (CTEA) Code: 024089 REPSCode (CTEA): 1100 StateID _____ Local Student ID _____ MOSIS# _____ CIP _____
End Date _____ CTE Program: 0510 (Med) NonTrad: Yes No Follow-Up Status: (1) _____ (2) _____ (3) _____ Final Grade: _____ | _____ %

Notice of Non-discrimination

Excelsior Springs School District #40 is an equal opportunity institution. No person shall, on the basis of race, sex, creed, color, disability, be subject to discrimination in employment or in admission to any educational program or activity of the school.



Excelsior Springs Area Career Center Adult Education

Emergency Dispatcher
Application for Enrollment



♦Start Date: _____

ATTENTION Emergency Dispatcher STUDENT:

Before the first night of class (preferably a minimum of 10 days before class starts), submit the following documents with this completed enrollment form for your ESACC file:

- Enrollment
- Deposit/down payment of \$250 (cash, check or money order)
- Balance due by first night of class unless other arrangements are made
- Copy of driver's license
- Copy of Social Security card
- Copy of high school diploma or equivalency