

## Excelsior Springs Area Career Center Adult Education

## **Emergency Dispatcher**

**Application for Enrollment** 

◆Start Date: \_\_\_\_\_



First Name	Middle		Last Name			Maiden/other Name(s)
riist ivaille	Wilde	=	Last Name			Maiden/other Name(s)
Street Address		City		St	rate	Zip Code
Phone (Main)	Phone (Othe	r)	Male/Female (M/F)	Race	Dat	e of Birth (mm/dd/yyyy)
Social Security Number	<del>-</del>	Email Address				
High School		City/State		Year Graduated	OR	GED Earned (Date)
College	Location	Dates Attended		Credits	Degree Earned	
College	Location	Dates Attended		Credits	Degree Earned	
Emergency Contact Person	afch First 9. Last Name	Polationshi	p to applicant	Phone Number 1		Phone Number 2
YES N With this comple 1Co	me may be used for p IO ted application, please py of high school diplo py of driver's license o	e submit the followin oma or equivalency c	g to the Adult			
is grounds for de		mediate suspension	if enrolled. If a regarding con	iccepted as a stud	dent a t Exce	lsior Springs Area
	REPD (CTEA) Code: <u>024089</u> REPSCo CTE Program: <u>0510 (Med)</u> NonTr					



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## 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 \$200 (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