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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

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College Location Dates Attended Credits Degree Earned

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

Certificates Earned

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**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 GED certificate
2. \_\_\_\_\_For EMT-Paramedics – Copy of EMT-B certification/license
3. \_\_\_\_\_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 a t 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.

ATTENTION EMT STUDENT:

Before the first night of class (preferably 10 days before class starts), submit the following documents

with this completed enrollment form for your ESACC file:

* Enrollment
* Deposit/down payment of $500.00 for EMT-B **or** $1200.00 for Paramedic (cash, check or money order)
* Copy of driver’s license
* Copy of Social Security card
* Current immunization records w/HepB
* Copy of high school diploma or equivalency

Note: Later in the course before you can begin clinical rotations, you will be required to have a

current two-step tuberculosis test. Once you have the results for both steps, you will need to provide

a copy to the Adult & Community Education office.

* Paramedic students: Provide copy of your EMT-Basic License
* Paramedic students: Provide copy of CPR card