Excelsior Springs Area Career Center Adult Education
FIREFIGHTER I & II
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 GED certificate
2. _____For EMT-Paramedics – Copy of EMT-B certification/license
3. _____Copy of driver's license or official ID
4. _____ Course Deposit (non-refundable)

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: 0810 (FIRE)   NonTrad: ___Yes__No   Follow-Up Status: (1) _____   (2)_____   (3)_____   Final Grade: _____ | _____%

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:

- $500.00 deposit/down payment
- Copy of high school diploma or equivalency
- Copy of valid driver's license/I.D.
- Copy of CPR card if you have one