Excelsior Springs Area Career Center Adult Education

**FIREFIGHTER I & II**

Application for Enrollment

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

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Street Address City State Zip Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|\_\_\_\_\_\_\_\_\_\_\_\_|\_\_\_\_\_\_\_\_\_\_\_\_\_|\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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 Social Security Number Email Address

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OR\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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 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)

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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. \_\_\_\_\_Copy of driver’s license or official ID
3. \_\_\_\_\_ 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: \_\_\_\_\_\_\_|\_\_\_\_\_\_\_\_\_\_%

#  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.

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Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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