

COURSE APPLICATION FORM

Today's Date _____ Course Name Emergency Medical Technician Start Date 03/30/2015

STUDENT INFORMATION

First Name _____ MI _____ Last Name _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

PAYMENT INFORMATION

Method of Payment (*please check*):

_____ Cash _____ Check (*payable to Franklin Township Fire and EMS*)

If someone other than student is paying costs, courtesy bill to:

Organization/Agency _____ Phone: _____

Billing Address _____ City _____ State _____ Zip _____

Authorization for Payment: Name _____ Title _____

Signature of person authorizing payment: _____

STUDENT STATEMENT

I hereby accept financial responsibility for tuition, books, and lab fees should my employer not pay on a timely manner.

Student Signature

I give permission to the Great Oaks/ Franklin Township Fire and EMS to supply educational information to the organization/agency paying for this program

Student Signature

****If prerequisites are required for the class, attach them to this application form****