Delaware State Fire School - *Registration Form* COMPLETE FORM, PRINT TO OBTAIN AUTHORIZED SIGNATURES, AND RETURN TO DELAWARE STATE FIRE SCHOOL.

		AUTHORIZED OIO	INATOREO, AND RE					
Fill in class information: Course Name:]	INFORMATION: - Register by the 14th for assignment to the current month's course. Registrations <i>after</i> the 14th,				
Dates Attending:]	shall be assigned month's course se - Course content MU	ession	Delaware State Fire Schoo	
Class Time:					completed by the L	AST DAY of the	1461 Chestnut Grove Road Dover, DE 19904	
Class Location:	Kent	New Castle	Sussex	On-Line	 month or it will result in a NO SHOW Course Completion Certificates will be made available upon request. This course is required for the DSFS 		Phone: 302-739-4773 Fax: 302-739-624 www.statefireschool.delaware.go	
I meet the Course F	Prerequisi	ites? YES	No		- This course is requ Basic Fire Police C		Email: Fire.School@delaware.go Revised.12/08/2	
NOTICE: Students	s MUST ha	ve a Delaware	Learning Cente	er Accour	t BEFORE regist	<i>ering</i> in order to b	e assigned this Course.	
Attendee Information Payment Information								
Last Name: Jr./Sr.					Tuition:			
First Name, Middle					🔿 Check p	ayable to Delawar	e State Fire School	
Address:						(DE Fire Companies	s Only)	
City, State, Zip					🔿 Credit C	ard Select Type	:	
Last 4 Digits SSN:					Card Nu	ımber:		
Date of Birth:						on Date:		
Contact Phone:					-	Security Code (CVV	Ŋ:	
E-Mail:					0			
Date Joined Fire Service:					Cardholder Name:			
Sponsoring Organization:								
Sex:	\bigcirc Male	○ Female			CANCELLATION PO	OLICY: Cancellations	for students registered for this	
Ethnic Origin: (Optional)					course must be received by the Fire School no later than noon the Wednesday before scheduled class date. Cancellations received after the deadline may be assessed a fee or payment of class tuition.			
accepting instruction, yo for the course tuition an and no signature is obta By enrolling in this cours	ou agree to the d any and all n ined, I accept t se, I also agree nmercial mann	e condition that the De nedical, first aid and re this responsibility. I c that the Delaware Sta er. At the sole discreti	elaware State Fire Sc elated charges will b ertify that I do not ha ate Fire School may a ion of DSFS and I her of liability.	chool assumes be the responsion ave any physion authorize the	a no responsibility other sibility of the sponsoring cal or other condition the taking of photographs by objection to this active	r than the opportunity to g organization. In the en nat will prevent me from or movies or similar repr	ler carefully selected instructors. In o learn. I understand that the payment vent no sponsoring organization is given a actively participating in this course. roductions and may use them in either my picture. In accepting enrollment for	
AUTHORIZED SIGN						tions that would prove	t them from activaly participating in all	
							t them from actively participating in all illity of the sponsoring organization.	
Authorized Signature of Sp	oonsoring Organ	zation	Name			Date		

Sponsoring Organization

Title

Contact Phone Number

ELAWA