

STUDENT REGISTRATION FORM

FLETC Cheltenham

SSN: _____ ANY PREVIOUS FLETC TRAINING? (Check One) _____ Yes _____ No

U.S. CITIZEN (Check One): _____ Yes _____ No

LAST NAME: _____ FIRST NAME: _____ MI: _____

CLASS NUMBER: E_ _____ START DATE (MM/DD/YYYY): _____ END DATE (MM/DD/YYYY): _____

AGENCY: _____ DUTY CITY & STATE: _____

OFFICE PHONE # : _____ E-MAIL ADDRESS: _____

BIRTHDATE (MM/DD/YYYY): _____ GRADE: _____ SEX (Check One): _____ MALE _____ FEMALE

DRIVER'S LICENSE NUMBER: _____ STATE: _____ EXPIRATION DATE (MM/DD/YYYY): _____

HOME MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMERGENCY CONTACT

NAME: _____ RELATIONSHIP: _____

HOME PHONE: _____ WORK PHONE: _____ OTHER (Specify): _____

AGENCY HOME OFFICE INFORMATION

POINT OF CONTACT: _____ PHONE NUMBER: _____

ADDRESS: _____ E-MAIL ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DISTRIBUTION: Cheltenham Training Management Division (Building 50)

(Rev. 07/17/2008)