

# 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)

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