

STUDENT REGISTRATION FORM

FLETC Cheltenham

SASS STUDENT ID _____ ANY PREVIOUS FLETC TRAINING (Check One)? Yes No
or SSN: _____

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

LAST NAME: _____ FIRST NAME: _____ MI: _____

CLASS NUMBER: _____ 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: Training Management Division (Building 50)

(Rev. 09/13/2013)