

**Suffolk County Fire Academy
PO Box 128
Yaphank, NY 11980-0128**

Course Registration Form

Personal Information

Fire Department Information

Name: _____
(Last, First, M)

Department Name: _____

Student ID: _____
(Last 4 digits SS#)

Daytime Phone: _____

Daytime Phone # _____

Evening Phone # _____

E-Mail Address: _____

Course Code: _____

Course Title: _____

Date/Dates _____

Alternate Date/Dates: _____

I have successfully completed all prerequisites required for this course _____(initial)
I have enclosed my check in the amount of \$25.00 payable to Suffolk County Fire Academy

Mail to: Suffolk County Fire Academy, PO Box 128, Yaphank, NY 11980-0128

For Office Use Only:

Request Received: _____
Check Received: _____
Prerequisites Verified: _____
In Course: _____
Waiting List: _____
Student Notified: _____