

**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: \_\_\_\_\_

Chief's Authorization: \_\_\_\_\_

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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

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**For Office Use Only:**

Request Received: \_\_\_\_\_

Check Received: \_\_\_\_\_

Prerequisites Verified: \_\_\_\_\_

In Course: \_\_\_\_\_

Waiting List: \_\_\_\_\_

Student Notified: \_\_\_\_\_