



NC EXTRICATION SCHOOL REGISTRATION FORM

December 7-9, 2018

FULL Social Security Number _____ SCC Student ID _____
(Assigned by college)

SHIRT SIZE(please circle): S M L XXL XXXL

Name _____

Last

First

Middle

Mailing Address _____

City

State

Zip Code

County of Residence

Telephone: Home _____ Business _____ Cellular _____

Date of Birth _____ / _____ / _____ (REQUIRED) Sex: () Male () Female
Month Day Year

Race: () AN American/Alaska Native () AS Asian () BL Black or African American
() WH White () HIS Hispanic/Latino () HP Hawaiian/Pacific Islander

Education Level: High School Graduate - Y___ N___ or Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12
or check one of the following:

____ Received GED Diploma (13) Adult HS (14) One Year Vocational Diploma
(15) Associate Degree (16) Bachelor's Degree (17) Master's Degree or Higher

Employment Status () Full-Time () Part-Time () Retired () Unemployed-Not Seeking () Unemployed-Seeking

Email Address _____

Emergency Contact: Name _____ Contact Number _____

(For 16-17 years only) High School Name and Location: _____

Affiliated Fire/Rescue Department: _____ Paid ___ Volunteer ___

I certify that all items of this application are answered correctly and completely. I understand that providing false or incomplete information may disqualify me from admission and enrollment.

Signature _____ Date _____

All registration forms are shredded after data has been entered into our computer system.

Please return form to Michelle Bauer- bauerm@sandhills.edu

fax: 692-6998 - 3395 Airport Road Pinehurst, NC 28374



Sandhills Fire & Rescue

Sandhills Community College Continuing Education Public Safety Department