

**ARKANSAS FIRE TRAINING ACADEMY**

**Application for Admission**

**PERSONAL INFORMATION**

NAME *(Last, First, Middle)*

HOME ADDRESS (Number & Street or Box, City, State, Zip)	PHONE NUMBERS	DATE OF BIRTH (Mo, Day, Yr)	
	WORK	SOCIAL SECURITY NO.	
	HOME	SEX	
	OTHER:	MALE	FEMALE

PLEASE CHECK THE RACE/NATIONAL ORIGIN WHICH BEST APPLIES TO YOU:  
 Caucasian                      Black                      Asian                      Hispanic                      Indian

HIGH SCHOOL or GED?	CIRCLE NUMBER FOR HIGHEST LEVEL OF FORMAL EDUCATION:	
YES <input type="checkbox"/> NO <input type="checkbox"/>	High School 9 10 11 12 College 13 14 15 16 Post Graduate 17 18 19 20	

DO YOU HAVE ANY HANDICAPS (INCLUDING SPECIAL ALLERGIES OR MEDICAL CONDITIONS) WHICH WOULD REQUIRE SPECIAL CONSIDERATION DURING YOUR ATTENDANCE AT AFTA?       NO       YES      (If "YES", explain here.)

**COURSE INFORMATION**

ENTER THE COURSE YOU WISH TO TAKE: *(Name, Location & Date)*

Name of Course:	Course Location:	Date of Course:

ENTER THE COURSE(S) YOU THINK MEET THE PREREQUISITES OF THE ABOVE COURSE:

Name of Course:	Course Location:	Date of Course:

**ORGANIZATIONAL INFORMATION**

FDID NUMBER:	NAME OF FIRE DEPARTMENT	DEPT. TELEPHONE NO.
FULL DEPARTMENT ADDRESS:	APPROVAL BY CHIEF OR TRAINING OFFICER:	
	SIGNATURE:	DATE:
	TITLE:	

I CERTIFY THAT THE INFORMATION RECORDED ON THIS APPLICATION IS CORRECT. I AGREE TO ABIDE BY THE RULES AND POLICIES OF THE ARKANSAS FIRE TRAINING ACADEMY IF I AM ADMITTED AS A STUDENT. FALSIFICATION OF INFORMATION MAY RESULT IN DENIAL OF ADMISSION. NO STUDENT UNDER THE AGE OF 18 WILL BE ADMITTED TO CLASS.

BY SIGNING THIS APPLICATION, THE STUDENT AGREES TO ALLOW THE ACADEMY TO MAIL THE CERTIFICATE TO HIS/HER DEPARTMENT. AFTER THAT TIME, THE RELEASE OF INFORMATION ABOUT COMPLETION OF THIS COURSE AND CREDIT FOR IT WILL BE MADE ONLY UPON SIGNED PERMISSION BY THE STUDENT.

I UNDERSTAND THAT THE ARKANSAS FIRE TRAINING ACADEMY DOES NOT PROVIDE MEDICAL OR HEALTH INSURANCE FOR STUDENTS. I MAINTAIN APPROPRIATE INSURANCE ON AN INDIVIDUAL BASIS.

SIGNATURE OF STUDENT: \_\_\_\_\_ DATE: \_\_\_\_\_

DISPOSITION:	<i>(Enrollment Division Use Only)</i>	
ACCEPTED                      REJECTED                      REASON _____	Signature	Date