



Bucks County Community College
 Department of Public Safety Training and Certification
Student Enrollment Form

1760 South Easton Road
 Doylestown, PA 18901
 Phone: 215.340.8417
 Fax: 215.343.6794

1	SOCIAL SECURITY NUMBER		DATE OF BIRTH		BCCC STUDENT NUMBER	
	XXX - XX -		/ /			
	TITLE			COUNTY OF RESIDENCE (PA Residents Only)		
	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss					
	LAST NAME		SUFFIX	FIRST NAME		MI

2	ADDRESS (Street Address or Postal Box Address)					APT#/UNIT#
	CITY			STATE	ZIP CODE	
<i>For International Addresses please use the open line below for City, State or Providence, Postal Codes and Country.</i>						

3	ORGANIZATION/EMPLOYER (Agency you are representing during the course)					
	ADDRESS (Street Address or Postal Box Address)					
CITY			STATE	ZIP CODE		

4	WORK (day-time) PHONE NO.	HOME (night-time) PHONE NO.	ORGANIZATION/EMPLOYER NO.
	E-MAIL ADDRESS		

5	GENDER	ETHNIC BACKGROUND (optional)			
	<input type="checkbox"/> Female	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Native American	<input type="checkbox"/> Other
	<input type="checkbox"/> Male	<input type="checkbox"/> African American	<input type="checkbox"/> Asian American	<input type="checkbox"/> Pacific Islander	

6	COURSE NUMBER & SECTION	COURSE TITLE	START DATE	HOURS
	COURSE LOCATION:		COUNTY:	

7	METHODS OF PAYMENT		
	<input type="checkbox"/> Personal Check (# _____)	<input type="checkbox"/> Bucks County Dept.	<input type="checkbox"/> VISA or <input type="checkbox"/> MasterCard
	<input type="checkbox"/> Organization Check (# _____)	<input type="checkbox"/> DMP Dept.	<i>All students planning to pay by Credit Card must complete and submit a Credit Card Authorization Form which can be found on our website.</i>
	<input type="checkbox"/> Organization P.O. (# _____)	<input type="checkbox"/> Money Order	

8	AUTHORIZATION						
	A.	Meets the qualifications and age requirements to attend including all of the necessary prerequisites. Copies of certificates must be brought to first day of class.					
	B.	Is covered by his/her company's WORKERS' COMPENSATION INSURANCE, or is covered by his/her own Health and Medical Insurance while attending any course sponsored by the Bucks County Community College.					
	C.	Will abide by all the rules and regulations established by the Bucks County Community College and the Pennsylvania State Fire Academy.					
	D.	Will abide by the Pennsylvania State Fire Academy facial hair policy for classes requiring the use of APR or SCBA.					
	E.	Has no knowledge of conditions that will prohibit full participation in all activities required for successful completion of the class.					
	F.	Junior Fire Fighters (ages 16-17) will abide by all regulations under the Pennsylvania Child Labor Laws and will not register for or participate in any class with drills involving live fire or smoke generated by live fire.					
	G.	The candidate should meet the requirements of NFPA 1582, Standard on Medical Requirements for Fire Fighters and Information for Fire Department Physicians, within a reasonable period of time prior to entering into physical training or testing to ensure his or her ability to safely perform the required tasks.					
	H.	I, the Student have never been convicted of an offense that constitutes the crime of "arson and related offenses" under 18 Pa.C.S §3301 or any similar offense under any Federal or state law. I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statement herein, I am subject to penalties prescribed by law, including, but not limited to, a fine of at least \$1,000.					
	<table border="0" style="width:100%;"> <tr> <td style="width:25%;">SIGNATURE OF STUDENT</td> <td style="width:25%;">DATE SIGNED</td> <td style="width:25%;">SIGNATURE OF CHIEF/SUPERVISOR</td> <td style="width:25%;">DATE SIGNED</td> </tr> </table>				SIGNATURE OF STUDENT	DATE SIGNED	SIGNATURE OF CHIEF/SUPERVISOR
SIGNATURE OF STUDENT	DATE SIGNED	SIGNATURE OF CHIEF/SUPERVISOR	DATE SIGNED				
Registrations will not be processed without Signature of Student on day of class, and Pre-registrations will not be processed without Signature of both Student and Chief/Supervisor.							