



Montgomery County Fire Academy



Student Registration Form

Email: cmyers@montcopa.org

Fax: 610-278-3499

Full Name: _____

Home Address _____
Number & street name City State Zip

Date of Birth ____/____/____ (required)
M D YY

Student ID _____ (required)
first three letters last name & last four SSN

I certify to the best of my knowledge that the above information is correct. I also meet pre-requisites and age requirements for this course. I also understand that any falsification of information may lead to my registration being rejected. I am aware that my picture may be taken while attending class and used in print or electronic form.

Student Signature: _____

Email _____

*Students are emailed confirmations when their registration has been processed.

Phone: _____ Cell Work Home
during business hours

Course Information:

Name of course: _____ MCFA Course #: _____
Only **one** course per form.

Start Date: ____/____/____ Fee: \$ _____
M D Y

Payment Authorization: Make checks payable to: **Montgomery County Treasurer**

Student pays _____ Check # _____ Money order # _____

Voucher/Purchase Order # _____ (officer initials)

Charge company account _____ (officer initials)

Company Authorization: I certify that the above student meets the prerequisites and age requirements to attend this course, has working papers, and is covered by my company Worker's Compensation policy while attending this training course.

Signature _____ **Title:** _____

Print Name: _____

Email or Contact info: phone _____

Name of Fire Company, Ambulance Squad, etc: _____

Montco # _____ **Out of County #** _____ **County** _____

Mailing Address: _____
Street address/PO Box City State Zip

Municipality: _____

Mail to: Montgomery County Fire Academy
ATTN: Registrar
1175 Conshohocken Rd
Conshohocken, PA 19428