



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

BCPSTC - 1760 S. Easton Rd, Doylestown, PA 18901
 LCPSTC – 2912 River Rd, Croydon, PA 19021
 Ph: 267-685-4888 Fax: 215-788-4906
 Email: psreg@bucks.edu

Website: www.bucks.edu/publicsafety

1	SOCIAL SECURITY NUMBER	DATE OF BIRTH	BCCC STUDENT NUMBER		GENDER	
	- - -	/ /			<input type="checkbox"/> Female	
	TITLE			COUNTY OF RESIDENCE (PA Residents Only)		<input type="checkbox"/> Male
	<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	CELL (Mobile) Phone No.	HOME (night-time) PHONE NO.	WORK (day-time) PHONE NO.
E-MAIL ADDRESS:			

4	ORGANIZATION/EMPLOYER (Agency you are representing during the course)			ORGANIZATION/EMPLOYER PH. NO.
	ADDRESS (Street Address or Postal Box Address)			
CITY			STATE	ZIP CODE

5	METHODS OF PAYMENT: Select invoice options Section 5A and select method of payment Section 5B			
	5A.	<input type="checkbox"/> Invoice the student <input type="checkbox"/> Invoice the Organization/Employer <input type="checkbox"/> Bucks & TMP (Silver/Gold/Platinum)	5B.	<input type="checkbox"/> Personal Check (#) <input type="checkbox"/> Organization Check (#) <input type="checkbox"/> Organization P.O. (#)

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

7	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 29 CFR 1910.134 and the Pennsylvania State Fire Academy for being clean-shaven 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.	Will be responsible to pay for any tuition and/or fees associated with the course, unless otherwise notified by the sponsoring Organization/Employer that is listed in Section above. (See section 5 for information on who should be invoiced and the payment method) (See: Student Financial Responsibilities Agreement)			
	G.	Junior Fire Fighters (age 17 and under) 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.			
	H.	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. (See back of this page for further detail of the essential job tasks and descriptions.)			
	I.	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.			
<i>By signing this form below you, the student, agree to the first nine items (A thru I) listed above. Registrations will not be processed without Signature of Student.</i>					
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.					