



PTB #: _____

STUDENT REGISTRATION FORM

Badge/Star #: _____

CLASS #: _____

NAME (<i>Last, First, MI</i>)	
ADDRESS (<i>Street, City, State, Zip</i>)	
HOME PHONE (<i>Include Area Code</i>)	
MOBILE PHONE (<i>Include Area Code</i>)	
EMAIL ADDRESS	
SEX/RACE	
DATE OF BIRTH (<i>Month/Day/Year</i>)	
PLACE OF BIRTH (<i>City, State</i>)	
EMERGENCY CONTACT(S) (<i>Name/Number/Relationship</i>)	1. _____
	2. _____
VEHICLE INFO (<i>Color, Year, Make, Model, Reg #</i>)	
DRIVER'S LICENSE # (<i>include state and exp. date</i>)	
FOID # (<i>include expiration date</i>)	
CALIBER OF ISSUED HANDGUN	<i>Please circle .38 .357 9mm .40 .45 Other _____</i>
FOOD ALLERGIES (<i>write NA if none</i>)	
EMPLOYING AGENCY	
HEAD OF AGENCY (<i>Include Title</i>)	
EMPLOYER'S ADDRESS (<i>Street, City, State, Zip</i>)	
EMPLOYER'S PHONE (<i>Include Area Code</i>)	
DATE OF HIRE (<i>Month/Day/Year</i>)	
POINT OF CONTACT FOR AGENCY (<i>Include Title</i>)	
POINT OF CONTACT PHONE (<i>Include Area Code</i>)	
POINT OF CONTACT EMAIL	