

**ROWAN COLLEGE OF SOUTH JERSEY**  
**GLOUCESTER COUNTY FIRE ACADEMY STUDENT REGISTRATION**

Please print information in blue or black ink. Registration will not be accepted without payment or billing information and supervisor's signature. A registration confirmation will be emailed if information is provided below.

Name: \_\_\_\_\_

Home Address Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Cell: \_\_\_\_\_ Telephone Home: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

DFS ID #: \_\_\_\_\_ EMT #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Course Title: \_\_\_\_\_

Start Date: \_\_\_\_\_

Emergency Services Affiliation: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Payment method (please check) Bill address below  Self-Pay   
**Purchase Order #** \_\_\_\_\_

Send bill to: \_\_\_\_\_

Billing Address Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

List any physical limitations which may preclude you from performing the required hands-on evolutions. It is your responsibility to notify the director or the lead instructor of any change or injury.

Student Certification: I certify that the information recorded on this application is correct. Falsification of information or failure to abide by the RCSJFA rules, policies and regulations will result in expulsion from the course and/or denial of a course certification. I hereby authorize the release of any and all information concerning my enrollment in this course to the chief officer in charge, or designee, of my organization. All requests for information shall be in writing from said chief officer or designee.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Authorization: I certify that the above student meets the prerequisites and all legal and age requirements to attend this course and is covered by my organization's Workman's Compensation policy while he/she is attending this training course.

Supervisor's Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Cell: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Payment or purchase order is required at the time of registration. Cancellations must be given at least 48 hours prior to class start time. Cancellations can be made by phone or email (see below). **No refunds will be given due to a student not showing up for class.** Substitutions are permitted. Registration will close when class limit is reached. Return registration form to:

Rowan College of South Jersey  
Gloucester County Fire Academy  
200 Shady Lane  
Clarksboro, NJ 08020  
Phone: 856-494-5683 x1006 Fax: 856-423-4861  
email: [dsimon@rcsj.edu](mailto:dsimon@rcsj.edu)