

Oxford Fire Department High School Fire Science Program Application



Name:			Date:	
Last	First	Middle		
Address:			DOB:	
Student Cell Phone: () Home	Phone: ()	Age:	
Parent/Guardian:				
	Last	First		
Parent/Guardian Cell P	hone: ()	Work Phone: (
Do you have reliable tr	ansportation: Yes	No		
Are you under a doctor	r's care? Yes No			
Do you have any health	n problems that would into	erfere with your abilit	y to perform moderate ac	tivites?
Yes No	If yes, please explain:			
DI 1: 1 2		C -1 \		
Please list 3 personal re	eferences (not immediate	tamily):		
Name:			Phone: ()
Name:			Phone: ()
Name:			Phone: ()
completion of the cours that you are sincerely in	e as a Volunteer Firefighte	er. When you enroll in	rtification is given upon suc the Fire Science Program, end and complete the trair	you indicate
Student Signature:			Date:	
To the parent/guardian:				
from Oxford Fire Depart	J	erate with the school a	e his/her own transportation and the training agency? If	
Parent/Guardian Signatu	ure:		Date:	

This section is to be completed by the Counselor or School Administrator

current attendance record.				
Total # of Absences:	Tota	l # of Tardies:		
Current Disciplinary Record	:			
Total Reports:				
Cumulative GPA:				
Verified by:	Counselor or School Add	ministrator	Date:	
For Internal Use by Oxford	Fire Department:			
Status of Application:	Pending	Approved	Not Approved	