



STUDENT INFORMATION SHEET

NAME: _____
LAST FIRST M.I.

ADDRESS: _____
STREET CITY STATE ZIP

DATE OF BIRTH: _____ PHONE (HOME): _____

E-MAIL ADDRESS: _____ CELL: _____

EMERGENCY CONTACT: _____ ADDRESS: _____

PH. # – CELL: _____ HOME: _____ WORK: _____

Please list any health issues that may hinder your progress in this course? _____

EDUCATION:

High School/College/Tech School	City & State	Date Graduated	Degree

JOB EXPERIENCE:

Employer	Address & Phone	Dates	Position/Duties

How did you hear about us? _____
() Radio () TV () Handout () Friend () Family () RV show () Graduate () Dealer () Other

RV REPAIR EXPERIENCE

Why are you interested in becoming an RV Service Technician? _____

Do you own an RV? () No () Yes What kind? _____

Class you would like to attend? _____ Winter _____ Spring _____ Summer _____ Fall

I HEREBY ATTEST THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. ANY INFORMATION THAT IS FALSE COULD RESULT IN DISMISSAL FROM THIS PROGRAM.

SIGNED: _____ DATE: _____ s