



Student Information Sheet

NAME: _____
Last First M.I.

ADDRESS: _____
STREET CITY STATE ZIP

DATE OF BIRTH: ____/____/____

PHONE (HOME): _____ (CELL): _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT: _____

ADDRESS: _____

PHONE (HOME): _____ (CELL): _____

Please list and health issues that may hinder your progress in this course:

EDUCATION: Have you attended any other training that would give you credit for RV Training? (*if experience is RV related, must provide transcript or documentation.*)

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

(Please use additional page for education if needed)

JOB EXPERIENCE:

Employer Address & Phone Dates Position/Duties

(Please use additional page for job experience if needed)

How did you hear about us?

() Radio () TV () Handout () Internet () 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 If so, 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: _____