



**RAPID EMT ACADEMY**  
11116 South Towne Square STE 103  
ST. Louis, MO 63123  
Phone: (314)-329-6727

### EMT-B Student Application Form

#### Personal Information

Full Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

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

SS Number \_\_\_\_\_

Birth Date: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Are you able to read, write and speak the English language at a college level? \_\_\_\_\_

Highest level of education completed \_\_\_\_\_

Are you a U.S. Citizen? \_\_\_\_\_

Have you ever been convicted of a felony? YES\_\_\_\_ NO\_\_\_\_

Briefly tell us why you have chosen to become an EMT \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How did you hear about our program? \_\_\_\_\_

#### Class Information

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

Registration Fee: \$50

Tuition: \$1500

**Tuition is due 7 days before the start of class. Failure to pay tuition on time will result in your seat being terminated.**

**Emergency Contact Information**

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_  
*City* *State* *ZIP Code*

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**I hereby affirm and declare that the information provided in this application is true and correct to the best of my knowledge and that fraudulent entry may be considered sufficient cause for rejection from this program.**

**Applicant Signature** \_\_\_\_\_

**Date** \_\_\_\_\_