



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: _____

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: \$1300

Tuition is due 7 days before the start of class.

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 _____