



TRAINING REGISTRATION FORM

SAFE SCHOOLS RESOURCE OFFICE TRAINING

PLEASE PRINT – One form per person (Form may be copied)

Last Name: _____ First Name: _____

Dept. or School District: _____ County: _____

Address: _____ Preference: Home Work

City: _____ State: _____ Zip: _____

Work Phone _____ Fax: _____

Home Phone (optional) _____ E-mail* _____

Rank/Position: _____

*** If you wish to receive a confirmation, you must provide an e-mail address.**

**Please indicate the location and date of course (there is no charge for the Safe Schools Resource Officer Training), sign & date below and mail or fax to:
NJASRO, P.O. Box 2103, Fort Lee, NJ 07024, Fax #: (973) 486 9454**

Location (County): _____

Date of Course: _____

Name of Chief or Training Officer: _____

Signature & Date _____

I agree and understand that I will attend the Safe Schools Resource Officer Training on the above dates and attendance is mandatory for 40 hours of class. If I fail to comply with these terms, I will re-register and the hours to be made up at a later date.

Name (Please print) _____

Signature & Date _____