



Firefighter/EMT Program Application 2024-25

1. Classes for this program will be held mainly at Flat Rock High School, with occasional sessions at WCCCD campus.
2. Recommended minimum GPA is 2.5.
3. Applicants for the Firefighter Cadet program must be 16 or 17 years old at the start of the program.
4. Return completed application and essay to your high school counselor to review, approve and sign. Counseling will attach most current academic transcript and attendance profile for submission to DCTC.

Applications are due on or before April 12, 2024. Late applications may be waitlisted.

Complete Sections I, II & III.

Fire Cadet/EMT - 2yr. program
Fire Cadet -1 yr. program
EMT -1 yr program **Starting in 2025-26**

Section I: Student Information- Completed by Student

Date: _____ Home School: _____ Grade: _____

Name (first, middle and last): _____

Address: _____ City: _____ Zip: _____

Email addresses: (School issued) _____

(Personal email) _____

Phone: (Home) _____ (Cell) _____

Parent/Guardian Contact Information:

Name: _____ Phone: _____

Email: _____

Name: _____ Phone: _____

Email: _____

Section II: Policy Agreements– Must be read, initialed & signed by both the parent and student.

As a Dual Enrollment student in this program, you will be attending college courses with content geared toward adult learners, and will require a high level of maturity. You will be attending Wayne County Community College Downriver (WCCCD) classes with individuals from diverse backgrounds and ages, and are required to function independently, both academically and socially.

I understand that, upon acceptance to the program:

Parent/Student Initial Students and parents will be required to attend a mandatory WCCCD orientation. Failure to attend could result in cancellation of admission and/or registration.

Parent/Student Initial Students will be required to submit a separate WCCCD application(s) to be assigned a student ID and create a WCCCD email account necessary to register for the classes required for this program. Failure to do so may result in cancellation of admission and/or registration.

Parent/Student Initial I am responsible for purchasing required articles of clothing that satisfy the program dress code.

Parent/Student Initial Requirements for this program include submission of a current physical, vaccination record, Particulate Respirator Medical Exam, Background Check, and negative TB test results.

Parent/Student Initial Per college policy and FERPA, students are responsible to advocate for themselves and regularly check their WCCCD email account for WCCCD and course communications. College personnel are not permitted to disclose student information to an individual other than the student.

Parent/Student Initial If I register for any courses other than those approved by DCTC, I will be billed for the courses my school does not cover.

Parent/Student Initial In the event the pupil fails to complete a course, MCL 388.514(9) and MCL 388.1904(9) states that the eligible pupil shall repay the school district any funds that were expended by the school district for the course that are not refunded to the school district by the eligible postsecondary institution. If the eligible pupil does not repay this money, the school district may impose sanctions against the eligible pupil as determined by school district policy.

Parent/Student Initial Failure to pass and/or complete a course will remain on my college transcript and can affect future financial aid.

Parent/Student Initial I am accountable for understanding the rules and regulations of DCTC, WCCCD and Flat Rock High School and will abide by them.

Parent/Student Initial Classes for this program will be held mainly at a Flat Rock High School facility. Occasionally, students will need to attend training, workshops, lectures or other events related to this program at the WCCCD campus. For events not held at a DCTC affiliated district where &/or when DCTC transportation is provided, students will be responsible for arranging their own transportation.

I certify that all answers on this application are complete and accurate to the best of my knowledge. Falsification of any part of this may result in cancellation of admission and reimbursement to the district for all program expenses.

Student Name (printed): _____

Student Signature: _____ Date: _____

Parent/Guardian Name (printed): _____

Parent/Guardian Signature: _____ Date: _____

Section III- Student Essay: *Must be completed by the student-include additional page if needed.*

Please describe why you feel that the Firefighter/EMT program is a good fit for you. (No more than 250 words)

This Section to be Completed by Counseling

Confirm that this application is complete and includes the following:

- Copy of most recent transcript
- Record of YTD attendance
- All signatures have been provided
- Student Essay

Completed applications must be submitted to Barb Ratusznik bratusznik@dctcschools.org by **April 12, 2024**

Counselor: _____ Date: _____

This Section to be Completed by DCTC

Date Received _____

Application Status _____