



3233 W. 11th Street, Houston Texas 77008
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STUDENT ENROLLMENT FORM

NAME: _____ DATE: _____

DOB: _____ AGE: _____

ADDRESS: _____

DL #: _____ DL STATE: _____

Which class level are you interest in? _____

Which class date are you interest in? _____

Have you taken a class in the pass? **YES** _____ **NO** _____

If yes, when and what level did you complete? _____

How long, in years, have you had a license? _____

Are you an adept driver or hesitant and uncertain one? _____

Current employer and address: _____

List your experience in LE, PI, and/or Federal Law Enforcement Agencies etc. _____

Have you received surveillance training in the past? **YES** _____ **NO** _____

If yes, please describe the class and company you received it from: _____

Are you skilled at reading a map and using a GPS? _____

Have you been trained in photography? **YES** _____ **NO** _____ or novice experience in it? **YES** _____ **NO** _____

Have you ever used a video camera? **YES** _____ **NO** _____

List all work history: _____

Reason(s) for taking course, **TCLEOSE Certification** **PI Training Hours** **Resume Building** **Career Enhancement**

How did you hear of this course and the Surveillance Specialty Group? _____