



CRI Counter Terrorism Training School

Application for Admission

Send the completed application to the CRI Counter Terrorism Training School: 2421 E. Gowan Road, North Las Vegas NV 89030
(702) 222-3489 * Fax (702) 362-3489

Legal Name: Last/Family/Surname First/Given Name Middle/Maiden			*Social Security Number (last 4 only)	Date of Birth ____-____-____ Month Day Year
Permanent Mailing Address: (include street & number, city, state and zip) Correspondence will be mailed to this address.				
Phone Number	Cell Phone Number	Email Address		Do you request special admission consideration because of a disability? ___ Yes ___ No Documentation will be required
Gender ___ Male ___ Female	Nation of Citizenship ___ United States ___ Other _____	Non-US Citizens only: Are you a permanent resident alien? ___ Yes: attach a copy of both sides of your permanent resident alien card ___ No: What visa do you presently hold? _____(Provide a copy)		
CRI is a recipient of federal dollars and is required by the federal government to solicit certain demographic information to meet federal reporting requirements. Applicants are requested to provide this information voluntarily. This information will not be utilized in a discriminatory manner. Ethnicity: Are you Hispanic? ___Yes ___ No				
How would you describe yourself? Choose one or more: ___ American Indian or Alaska Native ___ Asian ___ Black/African American ___ Hawaii Native or Other Pacific Islander ___ White				
Veteran Status: Are you a member or veteran of the U.S. Military? ___ Yes: Active Duty ___ Yes: Veteran ___ No If "Yes" check the line to the right if you served on or after September 11, 2001 _____				
Are you eligible to receive VA educational benefits as the spouse or dependent child of a veteran of the U.S. Military? ___ Yes ___ No Have you ever attended CRI Training School? _____ If so, when? _____				
Anticipated Program and Date of Enrollment for 2020 :				
Advanced Bodyguard/PSD Operative		Krav Haganah Instructor		Professional Drone Operator
___ Date 1: Jan 27-Feb 10		___ Date 1: Feb 12-Mar 03		___ Date 1: Mar 15-30
___ Date 2: Mar 22-Apr 07		___ Date 2: May 11-29		___ Date 2: May 03-19
___ Date 3: May 10-25		___ Date 3: Sep 03-23		___ Date 3: Sep 02-17
___ Date 4: Apr 19-May 04				___ Date 4: Nov 08-23
___ Date 5: Jul 19-Aug 03		Counter Terrorism Instructor		
___ Date 6: Sep 27-Oct 12		___ Date 1: Aug 09-31		

List of Schools, Colleges Or Universities Attended. Use additional pages if necessary.

Institution-Include City/State	Major	From	To	Earned
		___/___/___	___/___/___	
		___/___/___	___/___/___	

Failure to answer these questions will delay processing of your application. If you answer yes to any of the following questions, submit a full statement of the relevant facts and attach to this form. You may be required to furnish the school with copies of all official documents explaining the final disposition of the proceedings

<input type="checkbox"/> Yes	Have you ever been charged with or subject to disciplinary action for scholastic or any other type of misconduct at any educational institution or company?
<input type="checkbox"/> No	
<input type="checkbox"/> Yes	Have you ever been charged with a violation of the law that resulted in probation, community service, a jail sentence or the revocation or suspension of your driver's license?
<input type="checkbox"/> No	

If your records have been expunged pursuant to applicable law, you are not required to answer yes to these questions. If you are unsure, answer yes and disclose all incidents fully to avoid risk of disciplinary action or revocation of your admission offer

I certify that the information given in this application is complete and I understand that to make false or fraudulent statements within this application or residence statement may result in disciplinary action, denial of admission and invalidation of credits or certifications earned. If admitted, I hereby agree to abide by the policies of the State of Nevada Board of Education and the rules and regulations of CRI Counter Terrorism Training School. Should any of the information I have given change prior to my entry to the school, I shall notify CRI Counter Terrorism Training School Administration immediately.

Signature of Applicant _____

Date _____

* The Federal Privacy Act of 1974 authorizes the school to require the disclosure of Social Security Numbers by applicants and students for the purpose of identification and verification of student records, including registration, financial aid, and academic records and for verification of identity in the provision of school services. The school does not use your Social Security Number for student identification. It is only used to assign your CRI student identification number (CRIID). All applicants must complete the Residency Form.

* CRI Counter Terrorism Training School does not discriminate on the basis of race, color, religion, national origin, sex, age, status as a disabled individual, sexual orientation, gender identity/expression, genetic information or protected veteran's status, in employment, treatment, admission, access to educational programs and activities, or other School benefits or services. Additionally, CRI endeavors to provide reasonable accommodations and to ensure equal access to qualified persons with disabilities. Inquiries concerning perceived discrimination or requests for disability accommodations may be referred to the Administration Office.