



City of Seagoville Police Department

600 North US Highway 175
Seagoville, Texas 75159
Phone 972.287.2999 Fax 972.287.2917
www.seagoville.us



IN-SERVICE TRAINING STUDENT REGISTRATION FORM

COURSE TITLE: _____

DATE BEGINNING: _____ DATE ENDING: _____

NAME: _____
FIRST M.I. LAST

T.C.L.E.O.S.E. PID#: _____ D.O.B.: ____ / ____ / ____

RACE _____ SEX: _____ ETHNICITY: _____ (N Non-Hispanic / H Hispanic)

JOB TITLE: _____

DEPARTMENT NAME: _____

DEPT. ADDRESS: _____
Street or PO Box City/State ZIP

DEPT. CONTACT PHONE #: (____) _____ - _____

EMAIL: _____ Agency ORI _____

TCLEOSE TYPE: (check one) Peace Officer ___ Telecommunicator ___ Elected ___
County Jailer ___ Other (civilian) ___

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For NCIC/TCIC Courses only: OMNIX ID#: _____

Registration Fee: \$ _____

PAID (CHECK / CASH) Receipt # _____

Invoice my Department