ROCKFORD JUNIOR POLICE ACADEMY

Please print clearly and fully complete the form. When completed, sign and date the form and drop if off at the Rockford Police Department or mail to:

Officer Jena Martin, Rockford Police Dept., 420 W. State St., Rockford, IL 61101

You will be notified by phone or e-mail upon your acceptance into the program. Class size is limited, so return this application as soon as possible. Thank you!

Name (Last, First, Middle):_____

Parent/Guardian's Name:_____

Address:_____

Telephone:_____E-mail address:_____

Date of birth/**Age**:_____M/F:_____Shirt size:_____

School:_____Grade:_____ List any food allergies:_____

ALTERNATE EMERGENCY CONTACT:(Other than parent information listed above):

NAME:_____RELATIONSHIP_____

ADDRESS:_____PHONE:_____CELL:_____

Do you have any physical disabilities for which we may have to make accommodations? _____If so, please tell us what accommodations are needed:

_____

_____

_____

Have you ever been arrested for anything other than traffic violations:_____

If so, please explain:

As a requirement for the Junior Police Academy, the police department may perform a criminal history check on all applicants that are initially selected to participate in the program. All records are kept confidential.

I hereby authorize the Rockford Police Department to search the files of the national and local criminal record database for any criminal history record.

Parent's Signature

_____

Student's Signature

_____

Date

_____

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