

YOUTH



POLICE

ACADEMY

ST. CHARLES POLICE DEPARTMENT

YOUTH ACADEMY APPLICATION

June 10-14, 2019

This application and related documents must be filled out completely by a parent and prospective student. The filing of this paperwork with the school and/or police department does not guarantee acceptance into the YA program. All questions must be answered truthfully; any falsification may be grounds for dismissal from program.

!! PLEASE READ PACKET IN ITS ENTIRETY AND ANSWER LEGIBLY !!

PARENTS WILL BE CONTACTED VIA EMAIL WITH ACCEPTANCE CONFIRMATION AND FURTHER DETAILS.

Last Name: _____

First Name: _____

Middle Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ - _____ Parent email address: _____

Date of Birth: ____/____/____ Grade Level: _____

School You Attend: _____ Grade Point Average: _____

Legal Guardian's Name: _____

Has the listed student ever been convicted of a crime?: Yes or No (If yes, list crimes:) _____

Has the student been expelled, suspended or had more than three office referrals during the last two semesters?: Yes or No
(If yes explain) _____

Student Candidate Signature Date

Parent/Legal Guardian Signature Date

The signing of this application and related paperwork attests that you, as legal guardian of the student, and the student, agree to adhere to all guidelines, requirements, rules of conduct and release the St. Charles Police Department, and the City of St. Charles and all of its agents, free from liability.

Candidates will not be excluded due to race, gender, sexual orientation, national origin or religious affiliation.