



LAWTON POLICE DEPARTMENT

Junior Citizens Police Academy

APPLICATION FOR ENROLLMENT

Applicant must be between 14-18 years of age to enroll.

MY INFORMATION	Applicant Name: _____ Last First M.I.
	Date of Birth: ____/____/____ Male <input type="checkbox"/> Female <input type="checkbox"/> Driver's License #: _____ State: _____
	Address: _____ City _____ State _____ Zip: _____
	Home Phone: _____ Work Phone: _____ Cell Phone: _____
	E-mai Address _____ Resident of Lawton YES <input type="checkbox"/> NO <input type="checkbox"/> How Long _____
	School Attending: _____ Grade: _____ T-Shirt Size: _____
	Have you attended JCPA before? Yes _____ No _____

PARENT INFO	Name: _____ Relationship: _____
	Address: _____ City _____ State _____ Zip: _____
	Home Phone: _____ Work Phone: _____ Cell Phone: _____

REFERENCES	Give the names of three persons you are not related to whom you have know at least one year.
	1.) Name _____ Phone # _____ Address _____
	2.) Name _____ Phone # _____ Address _____
	3.) Name _____ Phone # _____ Address _____

AUTHORIZATION	I hereby certify that there are no willful misrepresentations, omissions or falsifications in the forgoing statement. I understand that any omissions of false statements on this application shall be sufficient cause for rejection for enrollment or dismissal from the Lawton Police Department Junior Citizens Police Academy. I also understand that if I am selected, I will pledge the time and the commitment to attend classes. I authorize investigation of all statements contained herein and the references listed above to give you any and all information they may have, personal and otherwise and release the Lawton Police Department for all liability for any damage that may result from utilization of such information. I affirm by my signature below that I have not been convicted of a felony; have no criminal charges pending against me; have not been convicted of a misdemeanor in the last three (3) years (other than traffic); and have no civil litigations or a claim pending against the City of Lawton or any of its officers.	
	By signing this from, I agree that my child has my permission to attend the Junior Citizens Police Academy	By signing this from, I agree that I meet the requirements of the Junior Citizens Police Academy
	_____ Parent/Guardian Signature	_____ Applicant Signature
	Date	Date

Please fill out background information on back →

