Clarksville Police Department's Teen Citizen Police Academy

A better understand between citizens and police, through education.

Name: _____ SSN: _____-_____-_____
Last First Middle

Age: _____ Male____ Female____ Date of Birth_____/_____/_____

Home Address: _____Phone :(___) _____-_____
Street Address City State Zip

School: _____ Grade: (circle grade last completed) 7 8 9 10 11 12

Parents or Guardian's Name: _____

Parents or Guardian's Employer: _____

Person to contact in case of Emergency _____Phone:_____
Relation: _____
_____Phone:_____
Relation: _____

Medical conditions or allergies that may arise during class period 9AM-3PM:
_____

1. **Has this student been arrested for any offense? YES / NO**
2. **Has this student been suspended from school? YES / NO**
3. **Can this student be involved in physical activities? YES / NO**
4. **Does this student have any discipline or behavior problems? YES/NO**
5. **Are you attending because you have an interest in law enforcement career? YES / NO**

Applicant, please briefly explain why you wish to be involved in the Teen CPA:

_____

_____

_____

Signature of Student: _____

Signature of Parent/Guardian: _____Date: _____