

Marshall Police Department



2017 Teen Citizens Police Academy Enrollment Application

Please Print – Age for enrollment is 14-17

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Home Phone: _____ Email: _____

Driver's License #: _____

Date of Birth: _____ Grade: _____

Emergency Contact: _____

Relationship to student: _____

Address: _____ Phone: _____

About Student

Have you ever been arrested for a felony? _____ Yes _____ No

If Yes, please explain: _____

How did you hear about the Teen Police Academy? _____

I, _____ am the parent/guardian of the above applicant. I hereby give my written consent for the above applicant to participate in the Marshall Police Department Teen Police Academy. This includes all classroom and hands-on practical exercises.

Do you give the Marshall Police Department permission to photograph and publish photos of the applicant?

_____ Yes _____ No

(Parent/Guardian Signature)

(Date)

(Applicant Signature)

(Date)

Please mail your completed application to:

Marshall Police Department
Attn: PIO Kelly Colvin
2101 East End Blvd. North
Marshall, Texas 75670

You can also drop off your completed application at the above address or email them to:
colvin.kelly@marshalltexas.net

Applications must be received by May 26, 2017.

For Academy Use Only

Reviewed by: _____

Date: _____

Approved: _____ Yes _____ No

Reason for unapproved (if applicable):

