



Chesterfield Township Junior Law Enforcement Academy

APPLICATION

(Due May 24, 2017)

GENERAL INFORMATION	
NAME:	
ADDRESS:	
SCHOOL:	
GRADE:	
GENDER	
D.O.B.	

EMERGENCY CONTACT INFORMATION	
NAME:	
PHONE #:	RELATIONSHIP:
NAME:	
PHONE #:	RELATIONSHIP:
MEDICAL INFORMATION	
MEDICAL LIMITATIONS OR KNOWN ALLERGIES:	

Guardian Signature _____ Date _____

** Selected applicants will be notified. **