



# MIAMI GARDENS POLICE DEPARTMENT

## JUNIOR CITIZENS POLICE ACADEMY APPLICATION

This application must be filled out completely and signed by the parent and prospective student. The completion of this application does not guarantee acceptance into the program. All questions shall be answered truthfully and any falsification may be grounds for dismissal. Upon acceptance, additional documentation is required.

### PLEASE READ CAREFULLY AND ANSWER LEGIBLY

Please select one Session per application (all sessions are Monday – Friday, 9:00 am to 3:00 pm):

Session I (July 15-19, 2019)

Session III (July 29 – August 2, 2019)

Session II (July 22-26, 2019)

Session IV (August 5-9, 2019)

Child's Last Name: \_\_\_\_\_

Child's First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Telephone#: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

School: \_\_\_\_\_ Entering Grade: \_\_\_\_\_

Gender: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_

Has the listed student ever been convicted of a crime?  Yes  No

Has the student been expelled or suspended during the last two semesters?  Yes  No

If yes, please explain: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Doctor's Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child's Signature

\_\_\_\_\_  
Date