



The Metro High School Police Academy

“Partnerships for the Future”

APPLICATION FOR ENROLLMENT IN THE ACADEMY

PLEASE PRINT OR TYPE ALL INFORMATION

NAME: _____
(Last) (First) (Middle)

DATE OF BIRTH ___/___/___ SEX: Male ___ Female ___

HOME ADDRESS/CITY: _____ ZIP CODE _____

HOME PHONE: _____ WORK/CELL PHONE: _____

HIGH SCHOOL: _____ CURRENT H.S. GRADE LEVEL: JUNIOR/SENIOR

EMPLOYER: _____

COLLEGE(S) APPLIED OR ADMITTED TO: _____

DO YOU HAVE ANY KNOWN ALLERGIES? YES ___ NO ___
IF YES, WHAT? _____

DO YOU CURRENTLY TAKE ANY MEDICATIONS? YES ___ NO ___
IF YES, WHAT? _____

Have you ever been arrested for any offense other than a traffic violation? YES ___ NO ___
(If yes, state when, where and describe the circumstances on back of this paper)

I, _____, hereby authorize the following:
(PRINT FULL NAME)

East Grand Rapids Police, Grandville Police, Kentwood Police, Kent County Sheriff's, Rockford Public Safety, Walker Public Safety, Michigan State Police, Grand Rapids Police, Grand Rapids Community College Police, Grand Valley State University Police and Wyoming Department of Public Safety to conduct a criminal history record and background check for the purpose of evaluating my application.

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____
(Parent or legal guardian, if applicant is under 17 years of age)

SHORT SIZE S ___ M ___ L ___ XL ___ 2XL ___ 3XL POLO SHIRT SIZE S ___ M ___ L ___ XL ___ 2XL ___ 3XL ___

WAIST/BELT SIZE (IN INCHES) _____" RIGHT-HANDED LEFT HANDED

Academy is June 17th thru 21st, 2019
Deadline for applications is Friday, April 19th, 2019