

Lowell Police Department
Student Police Academy
Application 2010

Please Print

1. STUDENT NAME _____

2. HOME ADDRESS _____

3. HOME TELEPHONE NUMBER#() _____

4. DATE OF BIRTH _____ AGE _____

SEX: M() F()

5. Have you completed a **GREAT Summer Student Police Academy** YES()
NO ()

MUST BE FILLED OUT

MIDDLE SCHOOL NAME: _____ GRADE _____

SCHOOL RESOURCE OFFICER _____

PROGRAM WILL RUN FROM 8:30AM TO 2PM

(FREE OF CHARGE)

AT LOWELL HIGH SCHOOL

JUNE 21-JULY 9 FOR INCOMING 7 @ 8 GRADE

JULY 19 –August 6 FOR INCOMING 5 @ 6 GRADE

Parents this is a 3 Week (Commitment)

Program and Attendance is Mandatory, due

to the amount of applicants wanting to Attend. Space is limited

ANY QUESTIONS PLEASE CONTACT 978-937-2896

Mandatory Meeting At Lowell High School

CAFETERIA On

Wednesday May 5th, 2009 at 5:00pm

APPLICATION WILL BE ACCEPTED DURING

THIS MEETING ONLY

