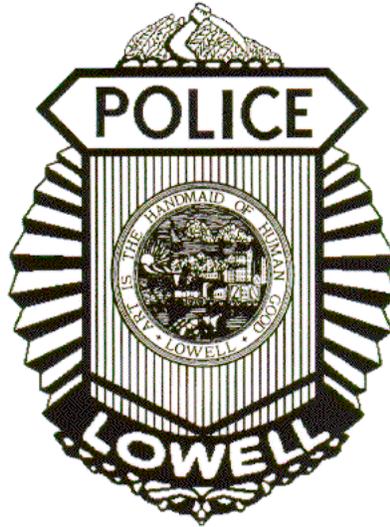


Lowell Police Department
Student Police Academy 2019
Announcement



Sign-ups will be held on Wednesday, May 8, 2019
at the Lowell High School Café from 5pm to 8pm.

Camp Dates:

Incoming 7th and 8th Grade
June 24 – July 12, 2019
(No camp July 3rd, 4th, or 5th)

Incoming 5th and 6th Grade
July 22 – August 9, 2019

For any questions regarding the Student Police Academy,
please contact Officer Jose Santiago at 978-937-8943 or
JSantiago@LowellMA.gov.



Lowell Police Department
Student Police Academy
Application 2019

Please Print

1. Student Name: _____
2. Home Address: _____
3. Telephone #: (H) _____ (C) _____
4. Date of Birth: _____ Age: _____ Sex (M) _____ (F) _____
5. Middle School: _____ Grade: _____

**Program will run from 8:00am to 2:00pm
(Free of Charge)
Location: Lowell High School**

Parents, this is a 3 week commitment!
Attendance is mandatory due to the amount of applications received.
Space is limited.

Sign-ups will be held on **Wednesday, May 8, 2019**
at the Lowell High School Café from 5pm to 8pm.

For any questions regarding the Student Police Academy, please contact Officer
Jose Santiago at 978-937-8943 or JSantiago@LowellMA.gov.

Please circle which camp your child is attending:

**Incoming 7th and 8th grade
June 24 - July 12, 2019**
(no camp July 3rd, 4th, or 5th)

OR

**Incoming 5th and 6th grade
July 22-August 9, 2019**

Please complete the entire application and answer all questions.

Medical Information
Student Police Academy

Students Name: _____

Address: _____

Phone Number: _____

Preferred Hospital: _____

Emergency Contact

Name: _____

Phone Number: _____

Name: _____

Phone Number: _____

Student health condition is: Excellent_____Good_____Fair_____ Poor_____

Take any medications: Yes_____No_____

If yes, please list: _____

Does your child have any physical restrictions? Yes_____No_____

If yes, please list: _____

EXPLAIN ANY AND ALL HEALTH CONDITIONS (EXAMPLE: ASTHMA, ALLERGIES, etc.) LIST BELOW:

1. _____

2. _____

3. _____

I fully understand that the Student Police Academy will be physically and mentally demanding. I understand the purpose and concept of the program.

Parent or legal guardian signature:

Signature

Date

This program is partially funded through the Shannon Community Safety Initiative through the Executive Office of Public Safety and Security. The following is information required by the funding source. Any and all information requested below is for grant purposes only.

Ethnicity (check all that apply):

- White/Anglo, non-Hispanic Hispanic/Latino Asian/Pacific Islander
 Black/African American American Indian Multiracial
 Other: _____

Neighborhood participant lives in. Please check one

- Back Central Belvidere Centralville Downtown Highlands
 Lower Belvidere Lower Highlands Pawtucketville Sacred Heart
 South Lowell Other: _____

Single Parent Household Yes: _____ No: _____

Receive Public Assistance Yes: _____ No: _____

Achievement in School: High level Middle ground Low

Feelings about school: Love it Middle ground Hate it

Truancy:

- Less than 3 absences per semester without reason
 More than 3, but less than 8 absences per semester without reason
 More than 8 absences per semester without reason

Learning Disability: Yes _____ No: _____

My child's friends get into trouble:

- None of the time Sometimes A lot of times

My child has trouble making friends (not fitting in, fights, no friends)

- No trouble Some trouble A lot of trouble

My child's friends are:

- Mostly a positive influence A few are positive None are positive