

# Essex Police Department Teen Police Academy



## TEEN POLICE ACADEMY

For further information about the Teen Police Academy, please contact the Essex Police Department at (802)878-8331 or [sfeit@essex.org](mailto:sfeit@essex.org). Every line on this application must be completed legibly. Incomplete applications or applications without parent signatures will not be accepted.

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Alt Phone Number \_\_\_\_\_

Have you ever been arrested? \_\_\_\_\_

If YES, please explain

\_\_\_\_\_  
\_\_\_\_\_

**\*All applicants are subject to a background check\***

Medical Conditions \_\_\_\_\_

T-Shirt Size (Adult unisex sizes) \_\_\_\_\_

Parent/Guardian Name (print) \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

By signing this form, I grant my child permission to participate in the Essex Police Department Teen Police Academy. I also give permission for members of the Essex Police Department to interview my child with regards to their participation in the Essex Police Department Teen Police Academy. I also give permission to the Essex Police Department to use any photographs generated during the Essex Police Department Teen Police Academy, for the sole purpose of future Essex Police Department Teen Police Academy publications. Individual names of students will NOT be printed.

**Please return this form to Corporal Feit at [sfeit@essex.org](mailto:sfeit@essex.org) no later than June 1, 2026**