2024 Police Youth Live-In Camp

Application

ONLY APPLICATIONS ACCOMPANIED BY A RECOMMENDATION FORM WILL BE ACCEPTED

Application Deadline is March 1, 2024

Name: PLEASE PRINT
Parent/Guardian: Email Address:
Address:
City: Cell:
Birthdate: Current Age: Male
School Attending: Free/Reduced Lunch:
School Phone Number: — Counselor/Teacher Name:
Authorization for Records Check:
This is to authorize the Little Rock or appropriate school district/system to review and release the records of: (Please PRINT child's name), for the purpose of admission to the Police Youth Live In program. Pursuant to this
application, I understand that this information will be used for the limited purpose of helping to determine the admissibility of your child to this program. Such information will be kept confidential and used for above mentioned limited purposes only.
Signature of Parent/Guardian: Please Print the Signature Name Below:
Date:
Health Information:
List any medication the applicant takes and for what condition:
Does the applicant have any limitation in physical activities? If so, please explain:

Space is limited, please secure your space by mailing or dropping off your application at 615 WEST MARKHAM.

RECOMMENDATION FORM 2024 POLICE YOUTH LIVE IN -- LITTLE ROCK

All recommendations must be completed by a LRPD Officer/Employee, Teacher, School Counselor, or School Principal

Briefly tell us about this young person. How can this youngster benefit from participating in this camp experience? Are there any family/other situations that would be helpful information to the counselors who will be working with this child? Please describe the young person's behavior. All information is confidential. Race and gender help ensure diversity in room and group assignments. We would also appreciate your verifying the young person's age.

nature of Recruiter [NOT A I		Print Your Name	Phone	Date
G	ENDER	VERIFIED AGE		

DO NOT COPY