



## 720 Hour Law Enforcement Academy

### Student Data Sheet

Student Name \_\_\_\_\_ Student ID# \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Phone \_\_\_\_\_ Type \_\_\_\_\_

Other phone number(s) \_\_\_\_\_

#### **Emergency Contact Information**

Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Check if same address/phone as student, or:

Contact Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Phone \_\_\_\_\_

Other phone number(s) for emergency contact \_\_\_\_\_

#### **Medical or Other Conditions that Academy Staff should be aware of**

