



**APPLICATIONS ACCEPTED BEGINNING APRIL 1, 2024**

NEWPORT BEACH POLICE DEPARTMENT

## TEEN ACADEMY APPLICATION

870 SANTA BARBARA DRIVE – NEWPORT BEACH, CA 92660

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### TEEN INFORMATION

Name: \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Home Address: \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_

CA Driver's Lic. #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ DOB: \_\_\_\_\_

T-Shirt Size: ☐ Youth Large ☐ Small ☐ Medium ☐ Large ☐ X-Large ☐ XX-Large

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### PARENT INFORMATION

Parent 1 Name: \_\_\_\_\_ Parent 2 Name: \_\_\_\_\_

Parent 1 Cell: (\_\_\_\_\_) \_\_\_\_\_ Parent 2 Cell: (\_\_\_\_\_) \_\_\_\_\_

Parent 1 Email: \_\_\_\_\_ Parent 2 Email: \_\_\_\_\_

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### QUESTIONNAIRE (FOR TEEN)

What school will you attend Fall 2024? \_\_\_\_\_ Grade: \_\_\_\_\_

How old are you? \_\_\_\_\_

Have you ever been arrested or convicted of any criminal offense? ☐ Yes ☐ No

Do you have any medical conditions that limit your activities? ☐ Yes ☐ No

If you answered "Yes" to either of the questions above, please explain:

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Please let us know why you are interested in attending the Teen Academy:

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Please list any family members that have attended an Academy at NBPD: \_\_\_\_\_

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How did you find out about this program? \_\_\_\_\_

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**ELIGIBILITY FOR ATTENDANCE IS AT THE SOLE DISCRETION OF THE POLICE DEPARTMENT**

*By signing below, I attest that the above information is true and correct and  
I consent to a juvenile, D.M.V., and/or criminal records check.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_