

COMMUNITY ACADEMY MAIL IN APPLICATION
(please print)

FIRST NAME: _____ LAST NAME: _____ MI _____ MALE ___ FEMALE ___

ADDRESS: _____ CITY: _____ ZIP: _____

MAILING ADDRESS *(if different)*: _____ CITY: _____ ZIP: _____

HOME PHONE: _____ DAY PHONE: _____ DATE OF BIRTH: _____

EMPLOYER (OPTIONAL): _____

BUSINESS ADDRESS: _____ CITY: _____ ZIP: _____

DRIVER'S LICENSE NO. _____ LAST 4 DIGITS SOCIAL SECURITY _____

HOW DID YOU HEAR ABOUT THE COMMUNITY ACADEMY? _____

IF YOU WOULD LIKE EMAIL UPDATES, PLEASE INCLUDE EMAIL ADDRESS _____

INDICATE WHICH ACADEMY YOU WISH TO ATTEND:

SOUTH HILL _____ PARKLAND/SPANAWAY _____ UNIVERSITY PLACE _____

PENINSULA _____ EDGEWOOD _____

OTHER _____

A FINGERPRINT RECORDS CHECK IS REQUIRED OF ALL OUR APPLICANTS AFTER PRELIMINARY ACCEPTANCE TO THE PROGRAM

PLEASE MAIL APPLICATION TO:

**PIERCE COUNTY SHERIFF'S DEPARTMENT
COMMUNITY ACADEMY
930 TACOMA AVENUE SOUTH
TACOMA, WA 98402**

Or FAX to 253-798-6712