

RESERVE OFFICER ACADEMY REGISTRATION

Please complete all areas of the form including social security number. We cannot register you without this information. All information provided is kept strictly confidential. Payment or deposit must be included with registration. Payment options are available and should be set up with the Public Saefy Education Department prior to registration. Registrations may be submitted by mail, fax, or in person only. Mail registrations to: Kellogg Community College, Criminal Justice Programs, 450 North Ave, Battle Creek, MI 49017. Fax to 269-565-2060. Checks should be made payable to Kellogg Community College.

A minimum \$200 deposit is due upon registration, with the remaining amount due March 1, 2019. Payment options are available and should be set up with the Criminal Justice Department prior to registration. Deposit is refundable up to 7 days prior to the first day of the academy.

Please **TYPE** or **PRINT** the following information:

Name Last		First		MI	
Address Street Number/Name					
City		State	Zip	Date of Birth (MM/DD/YYYY)	
Phone Number		Gender		Social Security Number	
		<input type="checkbox"/> Male <input type="checkbox"/> Female		X X X - X X -	
Email Address					

Admission Standards (Must be initialed by Chief or Unit Commander)

- _____ Reserve Trainee has no felony or high misdemeanor convictions
- _____ Reserve Trainee has not been convicted of any 90-day misdemeanors with moral turpitude within five years
- _____ Reserve Training has provided proof of a High School Diploma or GED
- _____ Reserve Trainee has passed a physical and drug screening, and is physically able to complete the program.
- _____ Reserve Trainee has English language skills sufficient to successfully complete class requirements.

_____ **I certify that the above named candidate has been screened by our department and meets the minimum required admission standards as stated above and is approved for admission to the Reserve Officer Academy.**

Chief or Unit Commander (Please Print)		Chief or Unit Commander Signature		Date	
Agency Name		Agency Type:	<input type="checkbox"/> Police	<input type="checkbox"/> Sheriff	<input type="checkbox"/> Public Safety
Phone Number		Extension	Email Address		

STUDENT: The information on this form has been provided by me and is true and complete to the best of my knowledge. I agree to provide proof of any information if it is requested. I understand that false/or misleading information may lead to loss of course credit, loss of tuition and fees paid, dismissal from KCC and/or criminal action. _____ **I have read the above statement and agree.**

Payment: Check/Cash Please charge my credit card. Department Sponsorship – Please Invoice Department

Amount to charge: \$ Card Type: _____

Card Number:

Expiration Date: _____ Cardholder's Name: _____

FOR OFFICE USE ONLY

Deposit funds into 04-0701-120100-215	Program Code: 425 Semester: <input type="checkbox"/> FA <input type="checkbox"/> SP <input type="checkbox"/> SU Year: _____ Course: CRJU C042- _____
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