

Calcasieu Parish Regional Law Enforcement Training Academy CORRECTIONAL REGISTRATION FORM

P.O. Box 3722 . Lake Charles, Louisiana 70602 . Phone (337) 491-3850 Fax (337) 494-1136

☐ 92 Correctional ☐ 218 Basic Correctional ☐ 169 Transition Correctional

Employer Name Print or Type) First Middle Mrs. Miss. Marital Status Circle One) Mrs. Miss. Miss. Miss Miss.	CADET IN	NFORMA ^T	TION		(P	LEASE A	TTACH	COPY	OF \	OUR	DRIV	ER'S L	LICEN	NSE)			
Is this your legal name? If not, what is your legal name? (Maiden Name) Birth Date			•								ss	Marita	,				
No								☐ Mrs. ☐ I		s.	Single / Mar / Div / Sep / Wid						
Home Street Address	Is this your legal name?		If not, w	not, what is your legal name?			(Maiden Name)			Birt		Date		Age	Sex		
Employer Name	☐ Yes ☐ No								/		/			□М	□F		
Zip Code Job Title & Division Employer Phone Number () Height Weight Drivers License No. & State Employee? Cadet's business email address (will be used for academy course work) PERSONAL INFORMATION (PLEASE ATTACH COPY OF YOUR DEPARTMENT COMMISSION) High School Attended Graduated If not a graduate, give highest grade attained City and State of High School College Attended Graduated If not a graduate, give number of hours completed City and State of College Shirt Size (Check One) (Medium) (Large) (XLarge) (XXLarge) (XXXLarge) In case of an emergency, notify: Home Phone No. () Relationship to cadet Spouse Parent Child Other SIGNATURES X Cadet Signature DATE	Home Street Address		Cit	City Star		ZIP (Code Social Se		l Secu	Security Number		Home Phone Number					
Zip Code Job Title & Division Employer Phone Number () Height Weight Drivers License No. & State Employee? Cadet's business email address (will be used for academy course work) PERSONAL INFORMATION (PLEASE ATTACH COPY OF YOUR DEPARTMENT COMMISSION) High School Attended Graduated If not a graduate, give highest grade attained City and State of High School College Attended Graduated If not a graduate, give number of hours completed City and State of College Shirt Size (Check One) (Medium) (Large) (XLarge) (XXLarge) (XXXLarge) In case of an emergency, notify: Home Phone No. () Relationship to cadet Spouse Parent Child Other SIGNATURES X Cadet Signature DATE				T								()					
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College Attended Graduate Yes No If not a graduate, give number of hours completed (ity and State of College (ity and State																	
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