



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

CADET INFORMATION (PLEASE ATTACH COPY OF YOUR DRIVER'S LICENSE)

Last Name (Print or Type)			First	Middle	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Marital Status (Circle One) Single / Mar / Div / Sep / Wid		
Is this your legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, what is your legal name?		(Maiden Name)		Birth Date / /	Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F	
Home Street Address		City	State	ZIP Code	Social Security Number	Home Phone Number ()		
Employer Name		Employer Address			City	State		
Zip Code		Job Title & Division			Employer Phone Number ()			
Height	Weight	Drivers License No. & State		Are you a full-time Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hire Date / /			

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 <input type="checkbox"/> Yes <input type="checkbox"/> No	If not a graduate, give highest grade attained	City and State of High School
College Attended	Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No	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. ()	Work Phone No. ()	Other Phone No. ()
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Relationship to cadet Spouse Parent Child Other _____

SIGNATURES

X _____
Cadet Signature DATE

X _____
Chief / Sheriff / Department Head Signature DATE