



BAYTOWN POLICE DEPARTMENT
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Academy Class Registration

CLEARLY PRINT OR TYPE ALL ENTRIES

STUDENT INFORMATION

Last Name:

First Name:

Middle Name:

PERSONAL CONTACT INFORMATION

In the event the course is cancelled we will need your contact information to make the proper notification.

Cell:

Pager:

E-mail:

COURSE INFORMATION

Course Name:

Start Date:

End Date:

AGENCY INFORMATION

Employing Agency:

Agency Mailing Address:

City , State Zipcode

Agency Telephone #

Agency Administrator:

Department E-Mail:

Note: E-mail contacts will only be used to notify you and your agency of future training courses.