



CHICAGO
ETC
 EDUCATION-TO-CAREERS



CHICAGO POLICE AND FIREFIGHTER TRAINING ACADEMY INFORMATION FORM (C. P. F. T. A.)

This is the first step in applying for the Chicago Police and Fire Training Academy. The applicant must currently be a sophomore in high school and be a resident of the City of Chicago.

Please complete the information below.

Print neatly and clearly .

Student Information :

Print or Type

Social Security #:		Sex:	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Name: (Last)		(First)	(Middle)
Birth date:	(Month)	(Day)	(Year)
			19____
		High School you Attend:	
Home Telephone Number: (Area Code First)			
Home Address:		City	State
		Chicago	IL
		Zip Code	
			60

I am giving consent for the processing of my son's/daughter's application into the Chicago Police and Firefighter Training Academy.

Parent/Guardian Name:	Signature of Parent/Guardian:	Date:
Print: (Last)		/ /2008
(First)		

**RETURN THIS FORM IN THE SELF-ADDRESSED ENVELOPE.
 PLEASE PLACE THE PROPER POSTAGE ON THE ENVELOPE.**