

# CADET LAW ACADEMY APPLICATION

## A Youth Program Sponsored by

The Kansas Highway Patrol, The Kansas American Legion, The Kansas American Legion Auxiliary

This completed application, a transcript showing GPA supporting a C+ average, along with the sponsor's fee of \$300, and a 50-100 word statement by the applicant in their own words stating reasons for wanting to attend the Academy must be submitted to The Kansas Department Headquarters, The American Legion, 1314 SW Topeka Blvd., Topeka, KS 66612-1888.

**APPLICATIONS POSTMARKED NO LATER THAN MARCH 31.**

Application personally completed by applicant. Please TYPE or PRINT in ink. DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_ AGE: \_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY ZIP

FATHER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY ZIP

TELEPHONE(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
HOME WORK CELL

MOTHER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY ZIP

TELEPHONE(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
HOME WORK CELL

HIGH SCHOOL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY ZIP

ACTIVITIES \_\_\_\_\_  
(SCHOOL, SPORTS, CHURCH, CLUBS, CIVIC)

INFO: \_\_\_\_\_  
HAT SIZE T-SHIRT (S,M,L,XL) HEIGHT WEIGHT MALE/FEMALE

I do believe in the principle of maintaining Law and Order and of service to God and Country.

\_\_\_\_\_  
Signature of Applicant

# CADET LAW ACADEMY APPLICATION CONTINUED

## PERMISSION BY PARENT/GUARDIAN FOR APPLICANT'S PARTICIPATION:

As the parent/guardian of \_\_\_\_\_, I do hereby give my permission to confirm the applicant's school record and if the applicant is accepted as a Cadet, to full participation in all of the activities of the Academy, including a flight in the Highway Patrol Aircraft, driving a car on the Patrol's defensive driving course, and the use of firearms on the Patrol's target range. I have also included the Cadet Law Enforcement Academy Medical Authorization and Medical Information forms as required by the Kansas Highway Patrol, American Legion, and American Legion Auxiliary for the applicant's participation.

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**Signature of Parent/Guardian**

## SCHOOL ENDORSEMENT:

I hereby certify that the above mentioned student is a member of the junior class at \_\_\_\_\_ High School and scholastically has a 'C+' average and I recommend the applicant's participation in the Cadet Law Enforcement Academy co-sponsored by The Kansas American Legion, The Kansas American Legion Auxiliary, and The Kansas Highway Patrol.

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**Signature of High School Principal**

## AMERICAN LEGION POST/UNIT ENDORSEMENT:

I hereby certify that the above applicant is a resident of Kansas and our Legion Post/Unit recommends that the applicant be accepted as a participant in the Cadet Law Enforcement Academy.

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**Name & No. of Legion Post/Unit**

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**Signature of Commander/President**

## ENDORSEMENT OF LAW ENFORCEMENT OFFICIAL:

I do know, or have interviewed this applicant to the Cadet Law Enforcement Academy and recommend the applicant's participation as a Cadet in The American Legion/Auxiliary, and Kansas Highway Patrol Cadet Law Enforcement Academy.

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**Signature of Official**

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**Title of Official**



# **\*\*\*\*IMPORTANT\*\*\*\***

## **PLEASE READ**

**Each Cadet is to provide thier own transportation unless arrangements are made with the sponsoring American Leigon Post/Unit. Keep in mind the Academy is not obligated to house or feed any Cadet prior to 3:00 PM Sunday preceding the opening. Cadets are expected to arrive between 3:00 and 5:00 PM. Each Cadet must have in their possession a valid Kansas Driver's License or Restricted Driver's License.**

**Due to the rigorous schedule of the week long session, no one receiving special medicaiton or with a physical impairment will be accepted. No Cadet will be excused prior to the close of the session except in cases of an emergency such as illness of the Cadet or illness or death in the immediate family.**

**The complete application, fee, and personal statement must be submitted to**

**The American Legion, 1314 SW Topeka Blvd., Topeka, KS 66612**

**Application must be postmarked NO LATER THAN MARCH 31**

**APPLICATION WILL NOT BE ACCEPTED WITHOUT ALL SIGNATURES**

**MEDICAL INFORMATION**  
**FOR PARTICIPATION IN CADET LAW ENFORCEMENT ACADEMY**  
**To be completed by the applicant's physician.**

Name of applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PLEASE CHECK ALL OF THE ILLNESSES APPLICANT HAS HAD:**

- |                  |                         |                   |                   |
|------------------|-------------------------|-------------------|-------------------|
| ___ Appendicitis | ___ Diphtheria          | ___ Lung Trouble  | ___ Sinus Trouble |
| ___ Asthma       | ___ Ear Trouble         | ___ Measles       | ___ Small Pox     |
| ___ Chicken Pox  | ___ Heart Trouble       | ___ Mumps         | ___ Typhoid Fever |
| ___ Convulsions  | ___ Indigestion         | ___ Pneumonia     |                   |
| ___ Diabetes     | ___ Infantile Paralysis | ___ Scarlet Fever |                   |

**LIST ALL ALLERGIES, INCLUDING ALLERGIES TO MEDICINE:** \_\_\_\_\_  
\_\_\_\_\_

Date of last Tetanus Shot: \_\_\_\_/\_\_\_\_/\_\_\_\_      Have you had polio immunization? Yes \_\_\_\_\_ No \_\_\_\_\_

**WHAT IS THE CONDITION OF:**

Heart: \_\_\_\_\_ Lungs: \_\_\_\_\_  
Ears: \_\_\_\_\_ Eyes: \_\_\_\_\_  
Throat: \_\_\_\_\_ Skin: \_\_\_\_\_

Is applicant using medication or under medical treatment? Yes \_\_\_ No \_\_\_

If so, what? Please be specific: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Existing physical defects: \_\_\_\_\_

I certify that the above named applicant is physically capable to compete in the Cadet Law Enforcement Academy physical program.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

**CADET LAW ENFORCEMENT ACADEMY  
MEDICAL AUTHORIZATION**

As the parent/guardian of \_\_\_\_\_, I request that in my absence the above minor be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment deemed necessary.

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of last Tetanus Booster \_\_\_\_/\_\_\_\_/\_\_\_\_

Known allergies, including any allergies to medicine: \_\_\_\_\_

Any other medical problems which should be noted: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone : \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Place of Employment \_\_\_\_\_ Insurance Group # \_\_\_\_\_

Employer's Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Person to notify if Parent/Guardian is unavailable: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public in and for the State of \_\_\_\_\_

Commission expires \_\_\_\_\_