



FEDERAL WAY TEEN SAFETY ACADEMY

JUNE 24th & 25th, 2019

Student Candidate Information	
Name: (Last, First, Middle)	
Grade Level: (2019/2020 school year)	Date of Birth:
School:	Shirt Size: Sm Med Lrg XL 2XL
Home Street Address:	
City, State & Zip Code:	
Phone:	Home: Cell:
Email Address:	

School Activities: (attach page if needed)	
Why are you interested in the Teen Safety Academy? (attached page if needed)	

Parent/Guardian Information and Approval	
Name (Last, First, Middle):	
Home Street Address:	
City, State & Zip Code:	
Phone:	Home: Cell:
Emergency Contact Name:	
Emergency Contact Phone:	
Signature:	
Date:	