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| **Basic Trainee Registration Form** |
| **Individuals wishing to enroll in training programs at the Central Shenandoah Criminal Justice Academy shall complete this form and forward to the Academy Registrar at least ten (10) days prior to the beginning of the training program. Upon receipt of the training registration form, the Academy registrar will notify each participant to confirm registration. In the event a participant cannot attend the requested program, it will be his/her responsibility to notify the Academy to withdraw from the program.**  |
| **The Central Shenandoah Criminal Justice Training Academy strongly recommends that ALL Basic Training Recruits be housed at the Academy in order to get the maximum benefit from all the Basic Training experience.****[ ]  Please check the box if recruit has met the minimum qualifications set forth by Code of VA 15.2-1705 including criminal background check prior to registration.** |
| Applicant’s Name: |  |
| (Last) | (First) | (M.I.) |
| Applicant’s SS#:  |  |   |
| Course Title: |  |
| Course Date(s):  |  |
| Employing Agency:  |  |
| Telephone Number of Applicant:  |  |
| Email address:  |  |
| Immediate Supervisor of Recruit (person to be contacted in regard to Recruit performance) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****As agency administrator or agency designee, I approve the registration of the applicant for this training program.** |
|  |
| (Print) Name of Agency Administrator or Designee |
|  |  |  |
| Signature of Agency Administrator or Designee: |  | (Date) |
|  |
| Request for Dormitory Accommodations: |
| [ ] Yes [ ] No [ ] Male [ ] Female |
| **Fax, mail, or e-mail to: Central Shenandoah Criminal Justice Training Academy** |
| **3045 Lee Highway** |
| ***Weyers Cave, VA 24486*** |
| ***Attn: Kenzie Cooper, Registrar and Records Specialist*** |
| Fax # (540) 234-8211 E-mail: kcooper@cscjta.org  |
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| ADM 126A Revised 9/22/2020 |