



ANGLETON POLICE DEPARTMENT
TRAINING ACADEMY
CLASS ENROLLMENT FORM

CLASS: _____

DATE(S) OF CLASS: _____

ATTENDEE'S NAME: _____

PID NUMBER: _____ **FOR TCLEOSE CREDIT**

DEPARTMENT: _____

CONTACT INFORMATION

WORK: _____ **CELL:** _____ **OTHER:** _____

EMAIL ADDRESS: _____

THIS FORM MUST BE RECEIVED BY THE TRAINING COORDINATOR AT THE ANGLETON POLICE DEPARTMENT NO LATER THAN SEVEN (7) DAYS PRIOR TO THE START OF THE CLASS. FAX OR EMAIL THIS COMPLETED ENROLLMENT FORM TO THE ANGLETON POLICE DEPARTMENT, C/O SGT. QUENTON RUSH, AT FAX NUMBER 979-849-2387 OR TO EMAIL ADDRESS Qrush@angletonpd.net. IF YOU HAVE ANY QUESTIONS OR PROBLEMS, PLEASE CONTACT SGT. RUSH AT 979-849-2383 OR BY EMAIL AT Qrush@angletonpd.net.