

* To Yolo County DA Jeff Reisig

Please complete EVERY question
Deliver to 301 Second Street Woodland, CA 95695 - LAURA VALDES
Laura.valdes@yolocounty.org
Application is due by November 1st- NO EXEPTIONS

APPLICANT IDENTIFYING INFORMATION (Please print or type)

Name (Last, First, Middle)		D	ate:
/ /			
Address	City	Z	ip Code
Telephone	Cell phone	E	mail
()	()		
Sex Date of Bi	rth	Race/Ethnicity	
1	1		
Name of School/Grade		How Long	Have You Lived in Yolo County?
		Years:	Months:
Parent #1 Name (Last, First, Middle)		(Circle) Mom/Da	d/Step-Mom/Step-Dad/Guardian
Address		City	Zip Code
Telephone	Mobile Phone		Email

Parent #2 Name (Last, First, Middle)		(Circle) Mo	(Circle) Mom/Dad/Step-Mom/Step-Dad/Guardian		
Address		City	Zip Code		
Telephone	Mobile Pho	one	Email		
Emergency	Contact (Non-Parent)	Mobile Phone	Email		
1.			embership on City or County unity groups or organizations.		
2.		rom the Academy. Please also	A Academy? Please include what o include any special interests		

3.	th Academy? Please include any organizations rticipate in this Academy.	
You can	n attach any additional pages if you do	not have enough room for each question.
Clas	ss Attendance	
more the Signing receive	an one class will result in a significant ga	with a full agenda each class section. Missing up in the education process of the academy. at participants absent more than one day will not est!
Print Fu	ıll Name Here (Applicant)	
Signatur	re of Applicant	Date
_	re of Parent/Guardian #1 /Guardian #1)	Print Full Name
_	re of Parent/Guardian #2 /Guardian #2)	Print Full Name

301 Second Street – Woodland, CA 95695 District Attorney Office: (530) 666-8180

Yolo County Office of Education Office: (530) 666-8185