



BOROUGH OF EAST NEWARK  
**DEPARTMENT OF POLICE**

34 Sherman Avenue  
East Newark, New Jersey 07029  
Phone: (973) 481-2900  
Fax: (973) 481-9408

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## **JUNIOR POLICE ACADEMY APPLICATION**

The East Newark Police Department is holding its Junior Police Academy for qualified boys and girls between the ages of 10 and 12.

This program will be held from **July 21<sup>st</sup> till July 25<sup>th</sup>**.

Our objective is five days of education and fun through a Police Academy format. The curriculum will include various presentations from guest law enforcement agencies, hands on practice and physical training to give the students an idea of what training is involved in becoming a police officer.

The daily schedule is approximately from **8:30 A.M.-3:45 P.M.** Students are to be dropped off at Veterans Field, no later than 8:30 A.M. Transportation is the responsibility of the parent or guardian. Please be prompt when dropping off and picking up your children.

It is required that each student bring his or her own lunch, unless otherwise advised. Please label all containers. Throughout the day, there will be breaks, so snacks/drinks are recommended.

A Graduation ceremony will take place on July 25, 2025, at 3:30 P.M. at East Newark Veteran's Field. Each student will receive a certificate upon completion of the course.

Attached please find the required application forms that must be completed and returned no later than **June 15<sup>th</sup>, 2025**. All applications will be reviewed and capped at 20 academy cadets. Return all applications to the East Newark Police Department located at 34 Sherman Avenue in East Newark. Any questions can be directed to Sgt Billy Erezuma either in person or through email at [berezuma@boroughfeastnewark.com](mailto:berezuma@boroughfeastnewark.com).

Updated information will be available on our Facebook Page under "East Newark Police Department." **We will notify all students who are accepted into the program by June 20<sup>th</sup>, 2025.**

**STUDENT INFORMATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

Age \_\_\_\_\_

School \_\_\_\_\_

Parents/Guardians Names \_\_\_\_\_

**Briefly describe your reason for wanting to participate in the Junior Academy program**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Student Print** \_\_\_\_\_

**Parent / Guardian Print** \_\_\_\_\_

**Parent / Guardian Signature** \_\_\_\_\_

**Date** \_\_\_ / \_\_\_ / \_\_\_

**ATTACH CURRENT PHOTO TO APPLICATION**

**EMERGENCY CONTACT INFORMATION**

**(1)**

**Name** \_\_\_\_\_

**Relationship** \_\_\_\_\_

**Phone** \_\_\_\_\_

**(2)**

**Name** \_\_\_\_\_

**Relationship** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Does applicant have any medical condition(s) that might affect him/her while participating in the junior academy program?**

**YES** \_\_\_\_\_

**NO** \_\_\_\_\_

**If yes, please explain** \_\_\_\_\_

**Allergies YES** \_\_\_\_\_

**NO** \_\_\_\_\_

**If yes, please explain** \_\_\_\_\_

**Shirt size(adult) Circle One: S M L XL XXL**

**Parent / Guardian Signature** \_\_\_\_\_

**Date** \_\_\_\_/\_\_\_\_/\_\_\_\_