

Utica High School

47255 Shelby Road Utica, MI 48317

Phone: (586) 797-2200 Fax: (586) 797-2201 uticacommunityschools.org

Attention Law Enforcement Program Applicant:

Please be advised of the following:

- This packet MUST be returned to your counselor within two weeks.
- All forms must be completed and neat. Missing items may DELAY OR EXCLUDE your application from consideration for the program.

You Must Include

| A copy of your grades/Official Transcript |
|--|
| The completed application |
| The signed code of ethics |
| The completed teacher recommendation form |
| A letter of recommendation from a current or former |
| employer, coach, clergy member, civic leader, or teacher. |
| If you have any questions please feel free to contact me at |
| (586) 797-2330 or <u>e-mail</u> : Robert.Machak@UticaK12.org |

I look forward to receiving your application. Good Luck!

Robert Machak, Instructor

Robert Mailing



LAW ENFORCEMENT APPLICATION

UTICA COMMUNITY SCHOOLS CAREER & TECHNICAL EDUCATION





| NAME: | DATE: | | | | | | |
|--|--|--|--|--|--|--|--|
| (LAST) | | | | | | | |
| AGE: | _GRADE:HOME TELEPHONE: | | | | | | |
| SCHOOL: | Counselor: | | | | | | |
| EMAIL: | CELL PHONE: | | | | | | |
| Address: | Сіту: | | | | | | |
| 1. WHY DO YO | U WISH TO ENTER THE LAW ENFORCEMENT PROGRAM? | | | | | | |
| 2. What is yo | UR PRESENT GRADE POINT AVERAGE? | | | | | | |
| 3. HOW MANY DAYS OF SCHOOL DO YOU MISS A YEAR? | | | | | | | |
| 4. HAVE YOU F | REVIOUSLY LOST CREDIT IN ANY OF YOUR CLASSES? IF YES | | | | | | |
| EXPLAIN THE SITUATION: | | | | | | | |
| | | | | | | | |
| | VER BEEN SUSPENDED FROM SCHOOL?IF YES, E CIRCUMSTANCES: | | | | | | |
| 6. HAVE YOU F | VER RECEIVED AN "UNACCEPTABLE" CITIZENSHIP REMARK ON YOU | | | | | | |
| REPORT CA | RD OR PROGRESS REPORT?IF YES, EXPLAIN THE | | | | | | |
| CIRCUMSTA | NCES: | | | | | | |
| | | | | | | | |
| 7. HAVE YOU E | VER RECEIVED A "NOT SATISFACTORY" CITIZENSHIP REMARK ON | | | | | | |

Nondiscrimination in education

In compliance with Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, Title II the Americans of with Disability Act of 1990, the Elliot-Larsen Civil Rights Act and the Persons with Disabilities Civil Rights Act, it is the policy of Utica Community Schools that no person shall, on the basis of race, color, religion, national origin or ancestry, sex, age, disability, height, weight, or marital status be excluded from participation in, be denied the benefits of, or be subjected to discrimination during any instructional opportunities, programs, services, job placement assistance, employment or in policies governing student conduct and attendance, Any person suspecting a discriminatory practice should contact the Executive Director of Human Resources at Utica Community Schools, 11303 Greendale, Sterling Heights, MI 48312 or call 586-797-1000.

PLEASE NOTE YOU MAY USE THE BACK OF THIS APPLICATION TO COMPLETE ANY OF THE ABOVE LISTED QUESTIONS. ANY INFORMATION FOUND TO BE INTENTIONALLY MISLEADING WILL AUTOMATICALLY RESULT IN THE APPLICANT'S DISMISSAL



LAW ENFORCEMENT CODE OF ETHICS

UTICA COMMUNITY SCHOOLS CAREER & TECHNICAL EDUCATION



IN AN EFFORT TO EDUCATE STUDENTS ENROLLED IN LAW ENFORCEMENT, GOOD CITIZENSHIP AND DEDICATION TO ACADEMIC ACHIEVEMENT IS REQUIRED.

THE LAW ENFORCEMENT INSTRUCTOR AND LAW ENFORCEMENT ADVISORY COMMITTEE HAVE DETERMINED THAT A <u>SIGNED</u> CODE OF ETHICS IS NECESSARY. THE STUDENTS WILL BE PRIVILEGED TO INFORMATION WHICH IF USED WRONGFULLY, COULD JEOPARDIZE THE SAFETY OF POLICE OFFICERS. THEREFORE, STUDENTS AND PARENTS ARE ASKED TO SIGN A CODE OF ETHICS ACKNOWLEDGING THE SERIOUSNESS OF THE PROGRAM.

WHILE ENROLLED IN THE PROGRAM, THE STUDENT WILL BE HELD ACCOUNTABLE IF THEY BREAK THE LAW <u>DURING OR AFTER</u> SCHOOL HOURS. IT SHOULD BE NOTED THAT TRAFFIC TICKETS ARE CIVIL INFRACTIONS AND NOT CRIMINAL MATTERS. THEREFORE, TRAFFIC TICKETS WILL NOT BE TAKEN INTO CONSIDERATION.

THE FOLLOWING WILL BE THE SET OF GUIDELINES ALL LAW ENFORCEMENT STUDENTS WILL BE EXPECTED TO FOLLOW:

MISDEMEANOR OFFENSE:

1ST OFFENSE: VERBAL WARNING BY INSTRUCTOR AND/OR PRINCIPAL

2ND OFFENSE: STUDENT PLACED ON PROBATION FOR THE REMAINDER

OF THE SCHOOL YEAR WITH THE UNDERSTANDING THAT ANY FURTHER CRIMINAL ACTIVITY WILL RESULT IN 3^{RD}

OFFENSE SANCTIONS.

3RD OFFENSE: REMOVAL FROM CLASS

FELONY OFFENSE:

<u>ANY</u> FELONY OFFENSE MAY BE GROUNDS FOR **IMMEDIATE** DISMISSAL FROM THE PROGRAM.

MY CHILD AND I HAVE READ THE ABOVE **CODE OF ETHICS** AND FULLY UNDERSTAND THE CONSEQUENCES OF ANY CRIMINAL BEHAVIOR WHILE ENROLLED IN THE LAW ENFORCEMENT PROGRAM. WE AGREE THAT HE/SHE SHOULD ABIDE BY THE LAW WHEN ENROLLED IN THIS CLASS. WE BOTH UNDERSTAND AND AGREE WITH THE PROCEDURES THAT WILL BE FOLLOWED IF HE/SHE SHOULD CHOOSE NOT TO ABIDE BY THE CODE OF ETHICS.

| PARENT SIGNATURE: | DATE: |
|-------------------------------|-------|
| STUDENT SIGNATURE: | DATE: |
| INSTRUCTOR CONFIRMATION WITH: | DATE: |

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GUIDELINES FOR WRITING LAW ENFORCEMENT RECOMMENDATIONS

UTICA COMMUNITY SCHOOLS CAREER & TECHNICAL EDUCATION



ATTENTION: This form is to be used as a guide/resource for the

INDIVIDUAL WRITING A LETTER OF RECOMMENDATION ON THE BEHALF OF THE STUDENT WISHING TO ENROLL IN THE LAW

ENFORCEMENT PROGRAM.

| STUDENT'S NAME: |
|-----------------|
| |

- 1. <u>ESTABLISH A CONTEXT:</u> DESCRIBE YOUR RELATIONSHIP WITH THE CANDIDATE. IF YOU HAVE KNOWN THE STUDENT OUTSIDE OF THE CLASSROOM, EXPLAIN HOW IT IS THAT YOU HAVE COME TO OBSERVER HIS/HER PERFORMANCE.
- 2. <u>ATTITUDE TOWARD LEARNING:</u> INTEREST? MOTIVATION? COMMITMENT? CURIOSITY? INDEPENDENCE? DOES HE/SHE SEEK EXTRA HELP? IS THIS A STUDENT WHO CAN BENEFIT FROM A CRITICAL COMMENT?
- 3. <u>CHARACTER:</u> PLEASE DESCRIBE THE CANDIDATES OVERALL CHARACTER (FEEL FREE TO USE ANECDOTAL SITUATIONS TO STRENGTHEN AND/OR ILLUSTRATE YOUR THOUGHTS. IS THIS SOMEONE YOU WOULD LIKE FOR YOUR LOCAL LAW ENFORCEMENT COMMUNITY? DOES THE CANDIDATE MODEL INTEGRITY, LEADERSHIP, MATURITY, ECT.?

PLEASE REFRAIN FROM USING VAGUE STATEMENTS OF (OR) MAKING A MEDICAL/PHYSICAL DIAGNOSIS ABOUT THE CANDIDATE'S BEHAVIOR. BE AS CONCRETE AS POSSIBLE ABOUT HIS OR HER CHARACTER AND THEIR ABILITY TO GROW AND LEARN.

NOTE: This letter of recommendation is to come from an employer, a clergy member, coach, civic leader, or if none of these individuals are available a 2nd teacher recommendation form would be acceptable. Letters of recommendation are not to come from relatives. In the case of a teacher, the student may use the teacher recommendation form to obtain a recommendation.

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LAW ENFORCEMENT TEACHER RECOMENDATION FOURM



UTICA COMMUNITY SCHOOLS CAREER & TECHNICAL EDUCATION

| NAME: | | | | DA' | TE: |
|---|--|------------|-----------|-------------|------------------------|
| CLASS: | | | | | |
| ENFORCEM | LISTED STUDENT H. ENT PROGRAM AND PLEASE RATE THIS S | HAS SUBM | IITTED Y | OUR NAME | FOR REFERENCE. |
| INITIATI DEPEND ATTITUD PERSON ATTEND STANDIN LOYALTY | DABILITY: DE: NALITY: DANCE: NG (PERTAINING TO SCH | OLARSHIP)? | ? | UDENTS, AN | ND THE SCHOOL?) |
| 10. DEPENI | DABILITY (CAN HE OR SIGNE) | HE BE DEPE | NDED UPO | ON TO DO TH | |
| 11. PERSON | NALITY (THE IMPRESSIO | N HE OR SH | E MAKES (| ON OTHERS |) |
| 12. Do YOU PROGRAM? | RECOMMEND THAT TH | IS STUDENT | BE ADMIT | TED TO THE | LAW ENFORCEMENT |
| YES NO REMARKS: | REASON: | | | | |
| | (PLEASE FEEL FREE T | O CONTINUI | E REMARK | S ON THE B | BACK.) |
| TEACHER SIGI | NATURE: | | | THANK YO | U FOR YOUR COOPERATION |
| NAME PRINTE | D: | | | TELEPHONE:_ | |



LAW ENFORCEMENT TEACHER RECOMENDATION FOURM



UTICA COMMUNITY SCHOOLS CAREER & TECHNICAL EDUCATION

| NAME: | | | | DA' | TE: |
|---|--|------------|-----------|-------------|------------------------|
| CLASS: | | | | | |
| ENFORCEM | LISTED STUDENT H. ENT PROGRAM AND PLEASE RATE THIS S | HAS SUBM | IITTED Y | OUR NAME | FOR REFERENCE. |
| INITIATI DEPEND ATTITUD PERSON ATTEND STANDIN LOYALTY | DABILITY: DE: NALITY: DANCE: NG (PERTAINING TO SCH | OLARSHIP)? | ? | UDENTS, AN | ND THE SCHOOL?) |
| 10. DEPENI | DABILITY (CAN HE OR SIGNE) | HE BE DEPE | NDED UPO | ON TO DO TH | |
| 11. PERSON | NALITY (THE IMPRESSIO | N HE OR SH | E MAKES (| ON OTHERS |) |
| 12. Do YOU PROGRAM? | RECOMMEND THAT TH | IS STUDENT | BE ADMIT | TED TO THE | LAW ENFORCEMENT |
| YES NO REMARKS: | REASON: | | | | |
| | (PLEASE FEEL FREE T | O CONTINUI | E REMARK | S ON THE B | BACK.) |
| TEACHER SIGI | NATURE: | | | THANK YO | U FOR YOUR COOPERATION |
| NAME PRINTE | D: | | | TELEPHONE:_ | |