

Quick Reference Checklist for LEE Academy

To Be Completed By Post Advisor – Deadline June 14th

Explorer Name: _____ Learning I.D. # _____

Agency: _____ Command: _____

Post #: _____ Post Advisor: _____

Age: _____ Sex: _____ Returnee: _____

Check-List Completion: _____ **Comments: (Leave Blank)**

- Explorer Application (Online) _____
- Medical Form (Parts A,B,C) _____
- TMR Medication Form _____
- Copy of Medical Ins. Card _____

Please Inquire of the Explorer the Following

Allergies: _____

Food Restrictions: _____

Summer School and/or Regents in August:

I certify that this explorer is in good standing and is mature enough to attend the Law Enforcement Explorer Academy.

Post Advisor Signature: _____

Post Advisor Cell Contact: _____