

## Admission Checklist: CRIMINAL JUSTICE

**Applicant Name** \_\_\_\_\_ **School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_  
Next school year  
grade

- Documents must be received ON or BEFORE the deadline to be considered for Priority Enrollment.

ITEM TO BE COMPLETED	DATE RECEIVED	ON TIME – Yes	ON TIME - No
WTC Application Form			
Code of Conduct Student Agreement			
Physical Fitness Release			
Clothing & Appearance Agreement			
Essay			
OSSAA Parent Consent (pg 1)			
OSSAA Physical Evaluation (pg2)			
<b>COMPLETION DATE:</b>			
<b>Mandatory Parent Meeting</b>	Yes / No		

**FOR OFFICE USE ONLY**

Select Priority:	High School	13 <sup>th</sup> Year			Adult
		Rec	Rec	Rec	
Notes:					
Committee Member Signature:					

## Criminal Justice – Sayre Campus

### Supply & Cost List: 2023–2024

#### **Supply List Purchased by the student:**

<b>Shirt</b>	<input type="checkbox"/> Dark blue Polo-type shirt *Plain – no writing/ emblems	Approx \$150-225
<b>Pants</b>	<input type="checkbox"/> Tan BDUs (regular dress pants not preferred)	
<b>Shoes</b>	<input type="checkbox"/> Black, high-top boots *Black tennis shoes are allowed but not preferred.	
<b>Belt</b>	<input type="checkbox"/> Black belt	
<b>SkillsUSA uniform</b>	*Black skirt/pant, white top, black shoes *Will be required before competitions. Do not purchase yet.	Approx \$30.00
<b>Basic school supplies</b>	<input type="checkbox"/> Notebooks <input type="checkbox"/> 3-ring binder – at least 2 <input type="checkbox"/> Pens & Pencils	Approx \$20.00

#### **Possible resources for clothing are:**

LA Police Gear (online)	Wal-Mart
Academy Sports and Outdoor	Target
Bass Pro Shop	5-11 stores
Galls (online)	

#### **Available Certifications:**

##### ***Certification costs could include but not limited to the following:***

Law, Public Safety, Security and Corrections Core	Free
Law Enforcement 1	Free
Unarmed Security Guard	\$35.00
Incident Command Systems 100	Free
Incident Command Systems 200	Free

*\*WTC Board of Education allows \$100 per year to be used for student certification testing!! To be eligible, students must maintain a B-average, 90% attendance rate, be active in SkillsUSA, and be in good standing at WTC.*

#### **High school students are not responsible for the following costs. They are included with the tuition waiver that high school students receive.**

Revel For Criminal Justice Today: An Introductory Text (ebook)	\$69.99
Revel for Criminal Investigation: The Art and the Science (ebook)	\$69.99
Criminal Investigation: The Art and Science (ebook)	\$44.99

*\*Textbooks are provided for WTC student use. Purchasing personal copies is optional but Not required.*

*\*All prices are subject to change.*



## Criminal Justice – Sayre Campus

Mrs. Linda Maberry

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The following items are due to the Sayre Campus of Western Technology Center (WTC) **by January 27, 2023**. Your enrollment in the Criminal Justice Program cannot be considered until all items are received and you and a parent/guardian have attended a Mandatory Parent Meeting.

- \_\_\_\_\_ **WTC Application for Enrollment**
- \_\_\_\_\_ **Code of Conduct Student Agreement**
- \_\_\_\_\_ **Physical Fitness / Physical Activities Release from Liability Agreement**
- \_\_\_\_\_ **Clothing and Appearance Agreement**
- \_\_\_\_\_ **Essay – Proofread before submitting!**
- \_\_\_\_\_ **OSSAA Physical Examination and Parental Consent Form** - will need new physical release each year of enrollment
- \_\_\_\_\_ **OSSAA Preparticipation Physical Evaluation**
- \_\_\_\_\_ **Attend Mandatory Parent Meeting**  
Select ONE:      January 30<sup>th</sup> from 5:30 – 6:00  
                         January 30<sup>th</sup> from 6:30 – 7:00  
                         January 31<sup>st</sup> from 5:30 – 6:00  
                         January 31<sup>st</sup> from 6:30 – 7:00

### IMPORTANT:

- OSSAA Physical forms can also be found at <http://ossaaonline.com/docs/Misc/phyexamfm.pdf>
- Do not purchase uniforms until you receive confirmation of your enrollment. Applying and attending Parent Night does Not automatically place you in a class.
- Students **MUST** be in full uniform on the first day of class in order to receive credit for the day.

Updated September 2022



## **Criminal Justice**

### ***Code of Conduct Student Agreement***

Due to the nature of the criminal justice profession and law enforcement hiring and internship standards, students accepted into the criminal justice program must not be on probation or have been convicted of any felony crime. As a requirement for participation in the criminal justice program, each student must give permission for a criminal history and/or character background check and agree to the requirements listed below:

1. I will attend and participate in all class activities and abide by all rules and policies as set forth by my instructor and Western Technology Center.
2. I will maintain a professional attitude both in and out of class to avoid any type of criminal activity, including excessive traffic violations, or otherwise act in any manner which would reflect negatively on the reputation of Western Technology Center or the Criminal Justice Program.
3. I will care for and maintain all equipment issued by Western Technology Center. I will not remove any equipment outside the classroom unless specifically authorized by the instructor.
4. I will maintain a respectful attitude for myself, my classmates, and my instructor.
5. I will come to class prepared with notepaper and pens/pencils
6. I will not use alcohol (if under 21) and/or any controlled or illegal substance(s).
7. As a minor I will not be in possession or use tobacco products. If 21 or older, I will obey the Western Technology Center's tobacco free campus policy.
8. I will affirm under penalty of student disciplinary action or removal from the Criminal Justice Program that I have no criminal record, no gang affiliations, history of drug or alcohol abuse, or history of excessive negative law enforcement contacts.

Violation of any of the above requirements may be grounds for recommendation for removal from this program.

**I give my permission for Western Technology Center to conduct a criminal history and character check, and hereby affirm that I will meet all the above requirements for acceptance into the Western Technology Center's Criminal Justice Program.**

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**Printed Student Name**

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**Student Signature**

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**Date**

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**Printed Parent Name**

(if minor or high school student)

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**Parent Signature**

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**Date**

Updated September 2022

**Criminal Justice**  
***Physical Fitness / Physical Activities Release from Liability***

I, \_\_\_\_\_, understand that I am required to participate in weight training, cardiovascular training, physical conditioning, physical activities such as defensive tactics and active practicum's as part of the Western Technology Center's Criminal Justice program. I understand that it is mandatory and my responsibility that I complete a sports physical or see my family doctor to ensure that I may safely perform physical exercises, physical activities and martial art or wrestling type activities.

I understand that the cardiovascular exercise programs or use of free weights have an increased risk for injury if not used properly and agree to follow all safety rules and not participate in any horse play when using the exercise equipment, defensive tactics equipment or any other program tools or equipment. I understand and agree to remove all jewelry such as rings, earrings, bracelets and piercings that interfere or can potentially injure myself or another student during a workout or physical activity.

I represent and warrant that I am physically fit and have no medical condition that would prevent my full participation in all activities as required and will provide a release from a medical doctor if I am unable to participate in any portion of the program and/or to list any reasonable accommodations that may be necessary.

I further understand that accidents and injuries can arise out of the above listed activities knowing and understanding the risks I hereby agree to assume those risks and to release and to hold harmless Western Technology Center, the criminal justice program and all instructors, volunteers, and officials from liability and damages from any injuries that may occur.

I have read the above Release from Liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

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**Printed Student Name**

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**Student Signature**

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**Date**

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**Printed Parent Name**  
(if minor or high school student)

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**Parent Signature**

---

**Date**

## **Criminal Justice**

### ***Clothing and Appearance Regulations & Agreement***

The Western Technology Center Criminal Justice Program is a professional program that has formed partnerships with members of industry with whom our students participate in internship/observation-related activities. The industry area of law enforcement ranges from policing to detention officers to members of the court room work group. From professional standards to officer safety, dress codes and grooming are an inseparable component in employability and training. Keeping that in mind, the following areas shall be adhered to and followed:

- Uniforms shall always be worn unless during times of defensive tactics or physical training.
  - Shirts (**blue polo**) shall be tucked in.
  - **Black belts** shall be worn.
  - **Black boots/shoes** shall be worn.
  - Jackets or hoodies may be worn in colder weather.
- During the times of defensive tactics training, no jewelry may be worn, and hair must be pulled back.

**\*\* Participation in ride-alongs, dispatch observations, work-based experience personal industry observations and internships is mandatory for program completion. When participating, the industry standards for clothing and appearance shall be abided by, or the student will not participate. The standards may vary from agency to agency. The student shall align with industry dress and appearance standards and failure to do so will result in non-completion of the program.**

**Failure to adhere to the requirements may result in an absence and/or loss of journal points for that day.**

**By signing this agreement, I acknowledge that I have read the clothing and appearance regulations, agree to abide by this agreement and understand that any violation may result in loss of journal points or an absence for the day.**

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**Printed Student Name**

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**Student Signature**

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**Date**

---

**Printed Parent Name**

(if minor or high school student)

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**Parent Signature**

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**Date**

## **Criminal Justice**

### ***Essay***

We are excited you are interested in the Criminal Justice Program at Western Technology Center in Sayre. It is a dynamic and challenging program with many exciting areas. We want to make sure that our students who are seeking to obtain a criminal justice education from our program succeed and become leaders wherever they may go. With those ideas in mind, we have developed a written component to our entrance requirements. Along with the other forms, this essay must be completed and the directions must be followed.

The essay must be typed, no less than one page. Your name must be located in the upper-left hand corner of the first page. The essay must answer the following questions:

1. What are 2 areas of law enforcement or criminal justice that are interesting to you and why?
2. What are the top 2 personal qualities that make a person a good leader? Why?
3. Name 3 goals you would like to accomplish before you graduate from high school and discuss why these goals are important to you. If you are already a high school graduate, name 3 goals you would like to accomplish in the next 5 years.

\*Discuss why these goals are important to you.

\*\*Essays must be complete and free from grammar-errors.



# OSSAA PHYSICAL EXAMINATION AND PARENTAL CONSENT FORM

PLEASE PRINT

DATE OF EXAM \_\_\_\_\_

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Personal physician \_\_\_\_\_ Phone \_\_\_\_\_

In case of emergency, contact: Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Explain "Yes" answers below. Circle questions you don't know the answers to.

	YES	NO		YES	NO
1. Have you had a medical illness or injury since your last check up or sports physical?	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had numbness or tingling in your arms, hands, legs, or feet?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have an ongoing or chronic illness?	<input type="checkbox"/>	<input type="checkbox"/>	8. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been hospitalized overnight?	<input type="checkbox"/>	<input type="checkbox"/>	9. Do you cough, wheeze, or have trouble breathing during or after activity?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have seasonal allergies that require medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?	<input type="checkbox"/>	<input type="checkbox"/>	10. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>	11. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a rash or hives develop during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Do you wear glasses, contacts, or protective eyewear?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	12. Have you ever had a sprain, strain, or swelling after injury?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you broken or fractured any bones or dislocated any joints?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	<input type="checkbox"/>	<input type="checkbox"/>
Do you get tired more quickly than your friends do during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, check appropriate box and explain below.		
Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head <input type="checkbox"/> Elbow <input type="checkbox"/> Hip		
Have you had high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Neck <input type="checkbox"/> Forearm <input type="checkbox"/> Thigh		
Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Knee		
Has any family member or relative died of heart problems or of sudden death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Chest <input type="checkbox"/> Hand <input type="checkbox"/> Shin/calf		
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shoulder <input type="checkbox"/> Finger <input type="checkbox"/> Ankle		
Has a physician ever denied or restricted your participation in sports for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Upper arm <input type="checkbox"/> Foot		
6. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>	13. Do you want to weigh more or less than you do now?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	Do you lose weight regularly to meet weight requirements for your sport?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been knocked out, become unconscious, or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>	14. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	15. Record the dates of your most recent immunizations (shots) for:		
Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	Tetanus _____ Measles _____		
			Hepatitis _____ Chickenpox _____		

Explain "Yes" answers on a separate sheet.

The above information is correct to the best of my knowledge. I hereby give my informed consent for the above-mentioned student to participate in activities. I understand the risk of injury in athletic participation. If my son/daughter becomes ill or is injured, necessary medical care can be instituted by physicians, coaches, trainers or other personnel properly trained. I further acknowledge and consent that, as a condition for participating in activities, identifying information about the above-mentioned student may be disclosed to OSSAA in connection with any investigation or inquiry concerning the student's eligibility to participate an/or any possible violation of OSSAA rules. OSSAA will undertake reasonable measure to maintain the confidentiality of such identifying information, provided that such information has not otherwise been publicly disclosed in some manner.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of athlete \_\_\_\_\_

(Complete Back Side)



## PREPARTICIPATION PHYSICAL EVALUATION

PLEASE PRINT

DATE OF EXAM \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Body fat (optional) \_\_\_\_\_ % Pulse \_\_\_\_\_ BP \_\_\_\_\_ / \_\_\_\_\_ ( \_\_\_\_\_ / \_\_\_\_\_ , \_\_\_\_\_ / \_\_\_\_\_ )  
Initial BP Post Exercise 5 Min. Post Ex.

Vision: R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected Y / N Pupils: Equal \_\_\_\_\_ Unequal \_\_\_\_\_

MEDICAL	Normal	Abnormal Findings
Appearance		
Eyes/Ears/Throat		
Lymph Nodes		
Heart		
Pulses		
Lungs		
Abdomen		
Genitalia (male only)		
Skin		
MUSCULOSKETAL		
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot		

### CLEARANCE

( ) Cleared

( ) Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_

( ) Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_

Recommendations: \_\_\_\_\_

Name & Title of Examiner (Print/Type) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of Examiner \_\_\_\_\_