



Chicago Police and Firefighter Training Academy School Consent Form

This consent form must be received in our office no later than 5:00 pm on Friday, May 1, 2026. An application is INCOMPLETE until the signed Consent Form and other documents are received.

Consent forms should be sent via email to CPFTA@cps.edu. Please share with student's full name and as a PDF.

I certify that I am the applicant's parent or legal guardian and give the applicant permission to participate in the CPFTA Program. I understand that the information my child provides on this Program Application will be shared with other entities for the purpose of administering the program. I authorize the release of my child's application information to such entities. I understand that I have the right to inspect this information and to request appropriate corrections through the administering agency.

Student Applicant

| | | |
|--------------|-----------|------------|
| Please print | Last name | First name |
|--------------|-----------|------------|

Applicant's Parent or Guardian Signature

(Last name, first name – please print)

| | |
|-------------|--------|
| (Signature) | (Date) |
|-------------|--------|

Applicant's Counselor or Principal Signature

(Last name, first name – please print)

| | |
|-------------|--------|
| (Signature) | (Date) |
|-------------|--------|

This consent form is a required document for CPFTA. It should be signed, dated, and returned to CPFTA via email at CPFTA@cps.edu