



SUFFOLK COUNTY YOUTH ACADEMY



General Information 2026 High School Youth Academy

*The Youth Academy is a 5-day program held at the Suffolk County Police Academy located on the Brentwood Campus of Suffolk County Community College at 502 Wicks Road, Brentwood, NY 11717. **This program accepts current 11th and 12th grade students.***

Class sessions meet daily from 9:00 AM to approximately 3:00 PM Monday through Friday. Class is scheduled for July 27 to July 31, 2026. All family and guests are invited to attend the Academy for a formal graduation ceremony on **Friday, July 31 @ 5:30pm**. Students will remain at the Academy on that day.

Important Phone Numbers - Suffolk County Police Academy

D/Inspector Michael Teplansky	Academy Commanding Officer	(631) 853-7001
Sgt. Janine DeGennaro	In-Service Training Section	(631) 853-7003
P.O. Lora Porrini & P.O. Michael Carter-Moore	Youth Academy Coordinators	(631) 853-7056
Audrey LaGrandier	Academy Administration Staff	(631) 853-7007 (Main Desk) (to leave messages)

A. ABSENCES & LATENESS

Students are required to attend all 5 sessions. In the event of illness or injury, a student must report any absences by calling the Main Desk 853-7000 or 853-7056. Simply leaving a message is NOT acceptable; you must speak with a staff member.

Any lateness must be reported in the same manner. Students who fail to report as outlined above will be considered as AWOL (absent without leave) and may be dropped from the program.

B. PERSONAL DEPARTMENT & MILITARY COURTESY

While at the Academy students will be respectful at all times. All officers shall be addressed as “Sir” or “Ma’am.” Students will be governed by basic military protocol, rules of drill and ceremony. Proper protocol will be explained on the first day.

Students shall not use vulgar, profane language nor shall students be loud or boisterous. In addition, a student shall not engage in any action or the use of any words that have the effect of denigrating any person because of their race, creed, sexual orientation or any other protected class.

Unless otherwise directed, students will “double time” while at the Academy. Students will yield or clear halls to persons or staff who may be at the Academy. Talking between students is not permitted in the hallways.

C. USE of FACILITIES

Students will use the designated entrance and restrooms.

Students will not leave the Academy building for the purpose of eating lunch and will eat in designated areas. Except for formations, students may keep with them a refillable water bottle.

Male and female locker rooms will be provided for changing.



SUFFOLK COUNTY YOUTH ACADEMY

2026 High School Youth Academy



D. STUDENT RULES & PROCEDURES/PERSONAL GROOMING

1. Student must arrange for transportation to and from the Academy (*Department vans will provide transportation for scheduled field trips*). **Each day will begin with formation promptly at 0900 hours.** Students are expected to arrive **prior to that time**. Dismissal time is 1500 hours. **Students' transportation MUST be at the Academy NO LATER THAN 3p.m., 2:45-2:50p.m.** is recommended. *Students are NOT permitted to leave the Academy at any time during program hours.*
2. Students will be expected to participate in all phases of the training and will have exposure to military drill, role play, fitness training and daily formations.
3. Each day will begin with a formation at 0900 hours promptly. Students are expected to arrive prior to that time. Dismissal time is approximately 1500 hours. Students are not permitted to leave the Academy at any time during class hours.
4. Use of cell phones is not permitted. Cell phones can be stored in the student's bag but are not to be used during the duration of the academy day.
5. Students are required to bring their own lunch, healthy snacks, and a **refillable water bottle each day** (preferably in a small cooler/insulated bag).
6. There will be a written examination at the end of the course. A passing grade of 75 percent must be achieved to graduate the course.
7. Students will be expected to behave in a manner appropriate for the Academy and locations toured. Specific expectations will be discussed during the course overview.
8. All sections of the Application, including parental/guardian permission forms, must be completed and returned to your coordinator/counselor **prior** to the start of the academy.

E. PERSONAL GROOMING REQUIREMENTS

1. Hair shall be neatly trimmed and short off collar, combed or brushed. (#1 cut on sides & #2 Top is acceptable for men). The length, bulk or appearance of natural hair shall not be excessive, ragged or unkempt. Women's hair shall be put up or worn in a bun off the collar. An unnatural color (purple, blue etc.) is not permitted.
2. Males shall be properly shaven at all times. Sideburns neatly trimmed.
3. Fingernails shall be clean and trimmed (**LONG nails** are **not** permitted for safety reasons). No nail polish is allowed besides clear.
4. Lipstick/Eye make-up is not permitted.
5. Only sneakers with laces shall be worn. No flip flops, slides, sandals or open-toed shoes.
6. **NO JEWELRY**. All visible piercings must be removed. Visible tattoos must be covered.
7. Upon arriving at the Academy on Monday, July 27, 2026, students will arrive in a black crew neck t-shirt, black/dark colored shorts (knee-length is appropriate), black/dark colored sneakers and neutral colored gym socks. They are responsible for having those items with for the entirety

of the youth academy. Additionally, you should provide a total of two black crew neck t-shirts, Black/dark colored sneakers, White gym socks and Black/dark colored shorts (knee-length is appropriate) and a backpack or bag for transport of their personal belongings.

8. Your child will be given a blue hat and name tag upon arrival to be added to their uniforms that are worn daily. Uniforms shall be neat, cleaned and pressed. PT attire **MUST** be washed every night for hygienic reasons.

Violation of any of the Academy Rules & Procedures will jeopardize the student's completion of the program.



Suffolk County Police Department Youth Police Academy Application



H.S. Youth Academy Application

SECTION 1 of 3 - To be completed by Student - Neatly Print all information in pen

Applicants Name: _____
(Last Name, First Name, Middle Initial)

Date of Birth: _____ Male _____ Female _____

Home Address: _____

Town: _____ Zip: _____

School Name: _____ Grade: _____

Home Phone: _____ Cell #: _____ E- mail: _____

Drivers License #: _____ or Learners Permit #: _____

What is your interest in law enforcement? _____

Do you have any previous learning experiences in this field? _____

Awards, Skills, Special Interest, Hobbies: (use additional paper if needed) _____
(Use back if needed)

(Use back if needed)

Parent/Guardian Information

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Work #: _____ Work #: _____

Cell #: _____ Cell #: _____

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____



Suffolk County Police Department
 Youth Police Academy Application
HS Youth Academy



Teacher's Recommendation II

SECTION 2 of 3 - To be completed by Student's Teacher or Counselor

Student Name: _____ School: _____
 (Please Print)

1. Is applicant a conscientious student?

YES NO

2. Does this student have an excellent disciplinary record?

YES NO

Excellent Attendance record?

YES NO

3. Does this student have a good to above average academic record?

YES NO Other _____

4. Would you recommend this student for the Youth Police Academy?

YES NO Conditionally _____

Briefly explain why this student should be considered for the Youth Academy.

May we contact you? Yes No Phone Number: _____ Best time to contact: _____

Teacher's Signature: _____ Date: _____

Teacher's Name: _____ Title/Department: _____



Suffolk County Police Department
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Additional Teacher, Principal OR A Guidance Counselor Endorsement III

SECTION 3 of 3- To be completed by Student's Principal, Teacher or Guidance Counselor

Student Name: _____ School: _____
 (Please Print)

Do you concur with the teacher and recommend this student for the Suffolk County Police Academy?

YES NO (please explain) _____

Comments, Explanations, or Recommendations: _____

Signature: _____

Date: _____

Name: _____ Phone: _____ Best time to contact: _____
 (Please Print)

Title/Department: _____

May we contact you? Yes No

ALL STUDENTS

Please return all 3 parts in a completed packages consisting of:

Section I – Youth Academy Application

Section II – Teacher's Recommendation

Section III – Additional Endorsement

Incomplete Applications will be rejected

BY MAIL FAX or E-MAIL TO:

Police Officer Lora Porrini or Police Officer Michael Carter-Moore

Youth Academy Coordinators

Suffolk County Police Academy

502 Wicks Road

Brentwood, NY 11717

Phone: 631 853-7056 Fax 631 853-7019

Lora.Porrini@suffolkcountyny.gov

Michael.Carter-Moore@suffolkcountyny.gov

APPLICATIONS MUST BE RECEIVED BY May 29th, 2026

Do not call Academy!

Students will be contacted in late June as to their acceptance and provided material regarding parental permission slips and other details.



Suffolk County Police Department
 Youth Police Academy
 + Medical Information +



To be completed by Parent/Guardian

Student's Name: _____

Please list any medical conditions, medications and/or allergies that your son/daughter may have.
 (If none, please write none or N/A)

FAMILY PHYSICIAN INFORMATION

Physician's Name: _____

Address: _____

Phone: _____

Parent's/Guardian's Signature _____

Date _____

Parent's/Guardian's Name _____

(Please Print)

This information is confidential and will not be released except in the case of a medical necessity or if requested by the patient's treating Physician.



The Suffolk County Police Department Youth Police Academy



PARENT/GUARDIAN EMERGENCY CONTACT INFORMATION

Student Name: _____ DOB: _____

PRIMARY CONTACT - Please Print

1. Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home #: _____ Work #: _____

Cell #: _____ Alternate#: _____

The following designated individual(s) may act on behalf of the parents/guardians in case of emergency where the parents/guardians cannot be reached. This information must be filled out before your child can participate in the Youth Academy programs. Please provide us with at least one contact. Thank you.

ALTERNATE CONTACT & DESIGNEE

2. Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home #: _____ Work #: _____

Cell#: _____ Alternate#: _____

Signature of Parent or Guardian: _____ Date: _____



The Suffolk County Police Department Youth Police Academy



- Trip Permission Form

Dear Parent/Guardian:

During the weeklong session that your child will be enrolled in the Suffolk County Police Department Youth Academy we will have the opportunity to visit the Suffolk County Firearms and Emergency Vehicle Operations Course (EVOC) training facilities in Westhampton, NY.

Transportation to and from the Academy will be provided by department bus for each field trip.

Please complete the section below authorizing your child to participate in these exciting and rewarding excursions.

I, _____, hereby authorize my_

Parent's/Guardian's Name (Please Print)

son/daughter _____ to attend the above field trips.

Participant's Name (Please Print)

Parent's/Guardian's Signature

Date

Relationship to Participant

COUNTY OF SUFFOLK POLICE DEPARTMENT



Ed Romaine
COUNTY EXECUTIVE

Kevin Catalina
POLICE COMMISSIONER

YOUTH ACADEMY RELEASE FROM LIABILITY

TO ALL WHOM THESE PRESENTS SHALL COME OR MAY CONCERN, GREETING:

Know all that I/my child, _____, born _____,
(Participant's Name) (Participant's DOB)

residing at _____,
(Participant's Street Address)

am/is about to take part in the *Suffolk County Police Department Youth Police Academy*; and that I/my child will be exposed to heightened risk conditions. This includes but is not limited to, riding as a passenger in Police emergency vehicles, including vehicles operated at the Emergency Vehicle Operation Course (EVOC) in Westhampton, under high speed and adverse conditions similar to those encountered by active Police Officer trainees;

And, that I/my child will be engaging in strenuous physical exercises and training;

And, that neither I/my child have knowledge of any medical condition that would preclude my/my child's participation in these heightened risk activities.

WHEREAS, I/my child am/is doing so entirely voluntarily and solely upon my/my child's own initiative, risk and responsibility, in consideration of the permission extended to me/my child by the County of Suffolk through its officers and agents to participate in the Suffolk County Youth Police Academy, now, therefore, do hereby for myself/my child, my/my child's heirs, executors, administrators and/or assigns, release, hold harmless and forever discharge the County of Suffolk and/or all of its officers, agents and employees, acting officially or otherwise, from any and all claims, demands, actions, or causes of actions whatsoever on account of my/my child's death or injury to me/my child and/or damage to my/my child's property which may occur from any cause whatsoever during said participation. I/my child further covenant not to sue the County of Suffolk, the Suffolk County Police Department or any of its employees, officers or agents with respect to the foregoing participation.

Further, I grant full permission to use any photographs, video tapes, motion pictures, recordings or other records of this event for any legal purposes whatsoever.

**I give my permission for my child to participate in the Suffolk County Police Department's "Youth Academy".
This release may not be changed orally.**

IN WITNESS THEREOF, I have hereunto knowingly, after having read and understanding this release, voluntarily sign said

release this _____ day of _____, 20 ____.

Participant's Signature: _____

Participant's Name: _____
(Print name)

Parent's/Guardian's Signature: _____

Parent's/Guardian's Name: _____
(Print name)

Witnessed this _____ day of _____, 20 ____.

Witness's to Signature: _____ Witness's Name: _____
(any other Adult may witness) (Print Name)

Notarization **NOT REQUIRED**