

**MONMOUTH COUNTY SHERIFF'S OFFICE
SHAUN GOLDEN, SHERIFF**

SHERIFF'S PRISON AWARENESS PROGRAM (SPA)

Registration Form
(Please print or type)

Name of School: _____

Address of School: _____

Contact Person: _____ Phone #: _____

Email Address: _____

Dates Requested (Tuesday, Wednesday, or Thursday): _____

Teachers/Chaperones: _____

Number of Students (Not to exceed 25): _____

Grade Level of Students: _____

Special Type of Class: _____

Additional Information: _____

Appropriate Dress Required: No sandals, cell phones, tank tops, short skirts or shorts for the man. No identifying school attire and no clothes with student's name on it.

Please return completed form ASAP to:

**Lt. Victor Iannello
Monmouth County Correctional Institution
1 Waterworks Road, Freehold, NJ 07728
Email: viannello@mcsnj.org**

OR fax #: 732-294-5994

****NOTE:**

If your school is closed due to inclement weather, please call **(732) 431-7860 x5441** and leave a message on the answering machine. If you have any questions, please call at the above phone number.