Palo Verde High School
United States Air Force
Junior Reserve Officer Training Corps (JROTC)

Course Expectations
Special Teams

PLEASE PRINT!!!

Name of cadet: _____
First Last

Period: 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____7_____8___X____

Name(s) of parents/guardians: (First and last names)

_____

_____

Mailing address: _____

_____

Parent's/guardian's home phone: _____

Parent's/guardian's work phone: _____

Best time to call parent/guardian and where? _____

I have read the JROTC Special Teams Course Expectations and understand that I must take responsibility for my academic and cadet-rank advancement, as well as my behavior while a part of the JROTC program.

X_____ _____
Cadet Signature Date

I have read and discussed with my son/daughter the Course Expectations for the JROTC Special Teams.

X_____ _____
Parent/Guardian Signature Date

* Parents/Guardians: Please feel free to contact us or add any comments here and on the backside of this form.