

EAST LEE COUNTY HS
715 THOMAS SHERWIN AVE
LEHIGH ACRES, FL 33974

Name:		Date Entered JROTC:	
Let Level:	Period:	School Grade:	

TITLE OF FORM: PRIVACY ACT STATEMENT

PRESCRIBING DIRECTIVE: AR 145-2

AUTHORITY: Title 10 USC 2031

PRIMARY PURPOSE: To maintain a record of leadership training progress and extracurricular activities of a Junior ROTC cadet.

ROUTINE USES:

Used to comply with U.S. Army requirements to provide a chronological record of the cadet's progress in Junior ROTC. Information is used to prepare the following: school transcripts, promotion/reduction orders, awards and decorations. It is also used as a record of positions held, extracurricular activities, parental permission, and physical condition.

Information is used as the basis for preparing Cadet Command Form 134-R (Certificate of Training).

MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION:

Disclosure of some information is voluntary, other is mandatory; failure to provide mandatory information would result in disenrollment from the program.

A COPY OF THIS PRIVACY ACT STATEMENT WILL BE MADE AVAILABLE UPON REQUEST.

I have read this Privacy Act Statement. I further agree to accept responsibility for safeguarding, maintaining, and accounting for any government property issued to me. If applicable to this unit, I have also been briefed and understand my responsibilities when in possession of Marksmanship Program equipment.

(Signature of parent or guardian also required if cadet is under the age of 18.)

PARENT/GUARDIAN (Print Name) SIGNATURE DATE

CADET(Print Name) SIGNATURE DATE

HEALTH STATEMENT

MY (OUR) SON/DAUGHTER: _____ has no medical condition or impairment (except as noted below) that would preclude his/her full participation in the Army Junior Reserve Officers' Training Corps, and has my (our) permission to participate in any and all JROTC sponsored classes, training, and activities.

LIMITATIONS:

TYPED OR PRINTED NAME OF PARENT OR GUARDIAN (Health Statement) SIGNATURE OF PARENT OR GUARDIAN (Health Statement)