

Chamblee Charter High School (CCHS)
Army Junior Reserve Officer's Training Corps (AJROTC)
School Year (SY) 2018-2019
Plan for success Signature Page

By signing both parent and student agree they have read and will adhere to the below documents:

Required Reading (Parents and Students)

- 2018/2019 School Year Syllabus; Media Release Form; Uniform Policy and Privacy Act Statement

Note: All required reading is posted on the JROTC Website at:

<https://www.chambleecharterhighschooljrotc.com>

Student Signature: _____ Date: _____

Parents/Guardian Signature (if a minor): _____ Date: _____

Parents/Guardian: Email: _____

Parents/Guardian: Cell# Number: _____

Please circle your preferred method of contact: Cell# or Email

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.)

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:

STUDENT (Cadet Name): I _____ have read and do understand the expectations in complying with the guidelines as written in the JROTC above mentioned documents. I will do my part to ensure that I will NOT disobey the guidelines as written.

Cadet Signature: _____ Date: _____

PARENT OR GUARDIAN: I _____ have read and do understand the expectations of my child while in the JROTC program. I do support the program initiative as written.

Parent Signature: _____ Date: _____

1701 Mountain Industrial Boulevard Stone Mountain, GA 30083-1027 - 678-676-1200

MEDIA RELEASE FORM

I _____, (student) agree to grant DeKalb County School District and its assigns the right to use photo and/or video images and sound for use as news and/or educational programs in whole or in part for any currently known media or media to be developed.

I agree to release the DeKalb County School District from any and all claims, damages, liabilities and costs, I now or might have regarding my appearance in association with news stories and/or educational programs.

I hereby release all rights that I, my heirs, or assigns might have now or in the future to all or part of the said production, including but not limited to the publishing, printing, development, editing, and use in newspapers and other forms of print and digital media (including social media haring), broadcasting, cablecasting, webcasting, podcasting, video on demand, or any other public or private presentation or screening purposes by the DeKalb County School District or its assigns.

I knowingly and willingly waive any and all rights or entitlements, including payments for my appearance or for the subsequent distribution of the products related to this program.

Student Signature: _____ Date: _____

Parent or Guardian Signature (if you are a minor): _____ Date: _____

DeKalb County School Representative: _____ Date: _____

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This signature page of the document will be placed in the student's personnel file.