



## Mountaineer Challenge Academy

### APPLICATION GUIDELINES

**M**ail the completed forms AND photocopies to:  
Mountaineer Challenge Academy  
ATTN: Admissions Counselor  
Post Office Box 586  
Kingwood, WV 26537

**C**opies of important documents must be submitted as part of the application. You cannot be accepted without turning in these items!

- 1 – Certified Birth Certificate – not the hospital copy
- 2 – Social Security Card or proof of application / request duplicate card
- 3 – Medical Insurance Card (both sides of card)
- 4 – Current Immunization Record, including Adult Td, TB and Meningitis

**A**ttend an Orientation, Processing, Interview (OPI) Day – a long day at Camp Dawson  
You will receive a letter with your OPI date and time.  
Applicant and parent / legal guardian must attend  
Information will be shared on Residential and Post-Residential activities  
You will complete a Personal interview

#### APPLICATION REVIEW

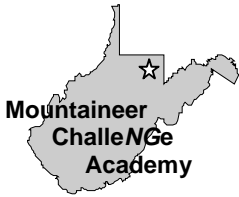
- Application and Education/Employment Review
- WV Early & Periodic Screening, Diagnostic & Treatment Healthcheck
- \*\*Consent for Release of School Records
- \*\*Consent for Release of Information – Probation Office (legal background check)
- Emergency Notification and Authorized Visitation/Transportation List
- Acknowledgements (front/back)
- Copy of certified Birth Certificate
- Copy of Social Security Card
- Copy of Health Insurance Card (front/back)
- Copy of Immunization Records

\*\* To speed up the application process, you may submit these records with your application.

School Records are required from all applicants  
Standardized Test Scores  
Individual Education Plan (IEP) OR 504 Plan  
Psychological Evaluation  
Current Grade Transcript

Background checks are required from all applicants. Even if you have never been involved with the court, documentation to verify that information is required.

**THE MOUNTAINEER CHALLENGE ACADEMY IS A DRUG-FREE PROGRAM.  
Multiple drug tests will be conducted during the Program beginning on Opening Day**



**Mountaineer Challenge Academy**

**APPLICATION**

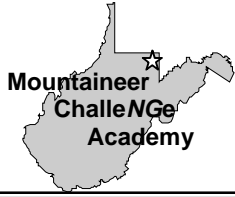
**Do not leave any questions blank. Do not FAX your application.**

Full Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Race \_\_\_\_\_  
 Address \_\_\_\_\_ County \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Male  Female   
 Height \_\_\_\_\_ Weight \_\_\_\_\_ Color Hair \_\_\_\_\_ Color Eyes \_\_\_\_\_  
 Who do you live with? \_\_\_\_\_  
 Have you been a resident of the State of West Virginia for thirty (30) days or longer?      Yes    No

Father _____ Address _____ City/State/Zip _____ Home Phone _____ Work Phone _____ Cell Phone _____  Mother _____ Address _____ City/State/Zip _____ Home Phone _____ Work Phone _____ Cell Phone _____  Who is your legal guardian? _____ Address _____ City/State/Zip _____ Home Phone _____ Work Phone _____ Cell Phone _____	Step-Father _____ Address _____ City/State/Zip _____ Home Phone _____ Work Phone _____ Cell Phone _____  Step-Mother _____ Address _____ City/State/Zip _____ Home Phone _____ Work Phone _____ Cell Phone _____  Additional legal guardian _____ Address _____ City/State/Zip _____ Home Phone _____ Work Phone _____ Cell Phone _____
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**FOR OFFICE USE ONLY**

Date Received	OPI Date	Education	Legal	Status



**Mountaineer Challenge Academy**

**EDUCATION / EMPLOYMENT REVIEW**

**Do not leave any questions blank.**

Name \_\_\_\_\_

Date you quit school / last attended \_\_\_\_\_ Still enrolled

Reason for leaving school \_\_\_\_\_

Have you ever been expelled or suspended from school? Yes No

Please explain: \_\_\_\_\_

Highest grade completed \_\_\_\_\_ Highest grade attempted \_\_\_\_\_ Credits Earned # \_\_\_\_\_

Most recent school attended: \_\_\_\_\_ Previous school attended: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_

School phone: \_\_\_\_\_ School phone: \_\_\_\_\_

Most recent employment: \_\_\_\_\_ How Long? \_\_\_\_\_

Job Duties \_\_\_\_\_ Rate of Pay? \_\_\_\_\_

Can you return to this job? Yes No Would you like to pursue similar work? Yes No

List two possible careers for your future (1) \_\_\_\_\_ (2) \_\_\_\_\_

Have you ever been charged for anything other than a traffic ticket? Yes No

Any pending legal issues? Yes No

Explain all charges \_\_\_\_\_

Are you currently on probation or an improvement plan? Yes No

Explain why: \_\_\_\_\_

Have you ever been on probation or an improvement plan? Yes No Date Ended \_\_\_\_\_

Explain why: \_\_\_\_\_

Name of Probation Officer \_\_\_\_\_ Phone \_\_\_\_\_

**Notify the Academy if there are any changes in your legal status prior to Opening Day.**



## Mountaineer Challenge Academy

### WV Early & Periodic Screening, Diagnosis & Treatment HealthCheck (Page 1 of 2)

#### IDENTIFYING INFORMATION

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ MCA Class # \_\_\_\_\_  
Address: \_\_\_\_\_ Age: \_\_\_\_\_ Responsible Adult: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Medicaid # \_\_\_\_\_

#### CHILD'S CURRENT CIRCUMSTANCES

CHILD LIVES WITH: BARRIERS TO HEALTH CARE:

BOTH PARENTS     # IN HOUSEHOLD \_\_\_\_\_     TRANSPORTATION     FAMILY APPLIED FOR WVCHIP  
 SINGLE PARENT     OTHER \_\_\_\_\_     NO INSURANCE     MONEY  
 FOSTER CARE     FAMILY APPLIED FOR MEDICAID     INCONVENIENT

#### CHILD'S PERINATAL HISTORY

MISCARRIAGES     CHILD PREMATURE  
 STILLBIRTHS     CHILD FULL-TERM  
 MULTIPLE BIRTHS     DIFFICULT PREGNANCY / DELIVERY  
 CHILD'S BIRTH WEIGHT \_\_\_\_\_    CONDITION AT BIRTH:  GOOD     FAIR     POOR

#### FAMILY HEALTH HISTORY

##### PARENTS, SIBLINGS, GRANDPARENTS HAVE/HAD:

HEART DISEASE     EYE DISORDERS  
 HIGH BLOOD PRESSURE     EARLY USE OF GLASSES  
 ELEVATED CHOLESTEROL     ALLERGIES  
 KIDNEY PROBLEM     MENTAL ILLNESS  
 DIABETES     MENTAL RETARDATION  
 CANCER     SUICIDE  
 BLOOD DISORDER     EATING DISORDERS  
 SEIZURES     OBESITY  
 TUBERCULOSIS     DRUG / ALCOHOL ABUSE  
 ASTHMA     CIGARETTE / CIGAR USE  
 THYROID PROBLEM     SMOKELESS TOBACCO

#### CHILD'S DENTAL HISTORY

HAS REGULAR DENTIST (NAME) \_\_\_\_\_     HAS WELL WATER  
 HAD DENTAL EXAM IN LAST 6 MONTHS     HAS CITY / MUNICIPAL WATER  
 BRUSHES TEETH AT LEAST 2X/DAY     WATER CONTAINS FLUORIDE  
 HISTORY OF BLEEDING GUMS     USES FLUORIDE SUPPLEMENT  
 HISTORY OF SWELLING MOUTH SORES     USES SMOKELESS TOBACCO  
 HISTORY OF REDNESS OF MOUTH     WEARS BRACES OR ORTHODONIC APPLIANCES  
 \_\_\_\_\_     HAS REMOVABLE BRIDGE OR PARTIAL PLATE

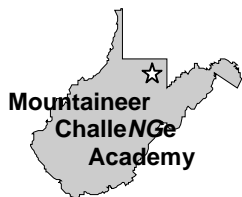
#### CHILD'S IMMUNIZATIONS

CURRENT IMMUNIZATION RECORD:  UP-TO-DATE     ADVERSE REACTION TO IMMUNIZATIONS \_\_\_\_\_  
 OTHER \_\_\_\_\_

#### CHILD'S NUTRITIONAL HISTORY

FOOD ALLERGIES (LIST) \_\_\_\_\_  
SPECIAL DIET \_\_\_\_\_  
VITAMINS \_\_\_\_\_

BREAST FED     UNUSUAL EATING HABITS (PICA, ETC)  
 BOTTLE FED     EXCESSIVE WEIGHT GAIN  
 FEEDING DIFFICULTIES     EXCESSIVE WEIGHT LOSS  
 FREQUENT FATIGUE     EATING DISORDER (OVEREATING, VOMITING, USE OF DIURETICS  
 IRON DEFICIENCY ANEMIA    AND / OR LAXATIVES)  
GENERAL APPEARANCE:  GOOD     FAIR     POOR



**Mountaineer Challenge Academy**

**WV Early & Periodic Screening,  
Diagnosis & Treatment HealthCheck (Page 2 of 2)**

**CHILD'S HEALTH HISTORY – COMPLETED BY PARENT**

**HAS CHILD HAD:**

- MEASLES
- MUMPS
- RUBELLA
- CHICKEN POX
- HEPATITIS
- MENINGITIS
- EXPOSURE TO TB
- HEART MURMUR
- RHEUMATIC FEVER
- SEIZURE
- ASTHMA
- HIGH BLOOD LEAD LEVEL

- PHYSICAL ABUSE / NEGLECT
- OTITIS MEDIA (EAR INFECTION)
- EYE OR VISION PROBLEMS
- EAR INFECTION
- STREP THROAT
- ROTAVIRUS (SUDDEN SEVERE DIARRHEA & VOMITING)
- CONJUNCTIVITIS
- KIDNEY STONES
- URINARY TRACT INFECTION
- FREQUENT CONSTIPATION
- FREQUENT DIARRHEA
- OTHER \_\_\_\_\_

- DIABETES
- SCARLET FEVER
- UPPER RESPIRATORY INFECTION
- THYROID TROUBLE
- SKIN DISEASE
- TUMOR, CYST, CANCER
- HIGH OR LOW BLOOD PRESSURE
- ARTHRITIS, RHEUMATISM, BURSITIS
- RUPTURE OR HERNIA
- GALL BLADDER TROUBLE OR STONES
- CHRONIC COUGH OR COLDS
- SHORTNESS OF BREATH
- HEAD INJURY, FAINTING, MEMORY LOSS
- LOSS OF FINGERS OR TOES
- PAIN (CIRCLE): FOOT ANKLE KNEE  
LEG HIP BACK WRIST ELBOW  
SHOULDER NECK
- STD

**PUBERTY:**

- MENSES
- CONTRACEPTION
- VAGINAL DISCHARGE
- NIPPLE DISCHARGE

- PENILE DISCHARGE
- TESTICULAR PROBLEM
- SEXUALLY ACTIVE

**CHILD'S DEVELOPMENTAL / PSYCHOSOCIAL HISTORY**

**HAS CHILD HAD PROBLEM WITH:**

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| <ul style="list-style-type: none"> <li><input type="checkbox"/> MOTOR SKILLS</li> <li><input type="checkbox"/> ACCIDENT PRONE</li> <li><input type="checkbox"/> SLEEPING</li> <li><input type="checkbox"/> NIGHTMARES</li> <li><input type="checkbox"/> VISION</li> <li><input type="checkbox"/> HEARING</li> <li><input type="checkbox"/> SPEECH</li> <li><input type="checkbox"/> CONCENTRATION</li> <li><input type="checkbox"/> HYPERACTIVITY</li> <li><input type="checkbox"/> ISOLATION</li> <li><input type="checkbox"/> SCHOOL</li> <li><input type="checkbox"/> LEARNING</li> <li><input type="checkbox"/> READING</li> <li><input type="checkbox"/> BED WETTING (AFTER 6 YEARS)</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> GETTING ALONG WITH PARENTS / ADULTS</li> <li><input type="checkbox"/> GETTING ALONG WITH SIBLINGS</li> <li><input type="checkbox"/> GETTING ALONG WITH CHILDREN / PEERS</li> <li><input type="checkbox"/> APPROPRIATE EXPRESSION OF ANGER</li> <li><input type="checkbox"/> THREATENS HARM TO SELF / OTHERS</li> <li><input type="checkbox"/> TORTURES ANIMALS</li> <li><input type="checkbox"/> DESTROYS PROPERTY</li> <li><input type="checkbox"/> FIRE SETTING</li> <li><input type="checkbox"/> SEXUAL ACTING OUT</li> <li><input type="checkbox"/> DRUG / ALCOHOL USE</li> <li><input type="checkbox"/> SMOKING</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> SUPPOSED TO WEAR GLASSES</li> <li><input type="checkbox"/> CURRENTLY USES GLASSES OR CONTACTS</li> <li><input type="checkbox"/> SUPPOSED TO USE HEARING AID</li> <li><input type="checkbox"/> CURRENTLY USES HEARING DEVICE</li> <li><input type="checkbox"/> NERVOUS TROUBLE OF ANY SORT</li> <li><input type="checkbox"/> SLEEPWALKING</li> <li><input type="checkbox"/> DEPRESSION DIAGNOSED: DATE _____</li> <li><input type="checkbox"/> TREATED FOR DEPRESSION: DR _____</li> <li><input type="checkbox"/> ATTEMPTED SUICIDE: DATE _____</li> <li><input type="checkbox"/> TREATED FOR SUICIDE ATTEMPT: DR _____</li> <li><input type="checkbox"/> PROFESSIONAL COUNSELING FOR _____</li> <li><input type="checkbox"/> EVALUATED FOR SPECIAL EDUCATION SERVICES</li> <li><input type="checkbox"/> CURRENTLY HAS I-E-P OR 504 PLAN</li> </ul> |
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- DIAGNOSIS FROM EDUCATIONAL TESTING: \_\_\_\_\_

**CHILD'S CURRENT HEALTH ASSESSMENT**

ALLERGIES TO MEDICATION (List) \_\_\_\_\_

ALLERGIES TO FOOD (List) \_\_\_\_\_

ALLERGIES TO ENVIRONMENT(List) \_\_\_\_\_

CHRONIC, ON-GOING ILLNESSES (List) \_\_\_\_\_

HISTORY OF HOSPITALIZATIONS (List) \_\_\_\_\_

SURGERIES (List) \_\_\_\_\_

BROKEN BONES (List) \_\_\_\_\_

HAS REGULAR DOCTOR: DR \_\_\_\_\_ DATE OF LAST SCREEN: \_\_\_\_\_

CURRENT HEALTH COMPLAINT(S) \_\_\_\_\_

CURRENT MEDICATION(S): \_\_\_\_\_

CURRENT HEALTH STATUS:  GOOD  FAIR  POOR

NAME OF INDIVIDUAL COMPLETING FORM: \_\_\_\_\_ DATE: \_\_\_\_\_

MEDICAL STAFF REVIEWED: \_\_\_\_\_ DATE: \_\_\_\_\_



**Mountaineer Challenge Academy**

**CONSENT FOR RELEASE OF SCHOOL RECORDS**

**Application cannot be processed without this documentation.**

I authorize the Board of Education in \_\_\_\_\_ County to assist the Academy in evaluating my child's eligibility by providing a complete and confidential report containing all applicable documents.

<p>Previous standardized test scores – WVEIS Report 771</p> <p>Grade transcript and credit history</p> <p>Permanent health record w/immunizations</p> <p>Individual Education Plan and Psychological Evaluation with recommendations if you received OR were tested for Special Education services</p> <p>504 Plan with Psychological Evaluation and recommendations</p>	<p style="text-align: center;"><b><u>APPLICANTS</u></b></p> <p>Obtain photocopies of the identified items and send them in as part of your application.</p> <p style="text-align: center;"><b>OR</b></p> <p>Give a photocopy of this signed form to your school and have them send items directly to the MCA.</p> <p>FAX: 304-329-2429</p>
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**SCHOOL STAFF:** If this request cannot be completed at the local level, please identify the contact person where the request was forwarded.

Forwarded to: \_\_\_\_\_ By: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name of Applicant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Applicant's Signature / Date: \_\_\_\_\_

Parent / Legal Guardian Signature / Date: \_\_\_\_\_

Most Recent School _____	Previous School _____
School Address: _____	School Address: _____
City/State/Zip: _____	City/State/Zip: _____
School Phone: _____	School Phone: _____
School FAX: _____	School FAX: _____

Date of Withdrawal OR Date Last Attended _____	
Name of School Official _____	
Title _____	Date _____
Telephone # _____	FAX # _____

**MAIL OR FAX TO:**

**Mountaineer Challenge Academy**  
**240 Army Road – Camp Dawson**  
**Post Office Box 586**  
**Kingwood, WV 26537**

**FAX Preferred: (304) 329-2429**



**Mountaineer Challenge Academy**

**CONSENT FOR RELEASE OF INFORMATION**

**PROBATION OFFICE**

**Application cannot be processed without this original signed document.**

I authorize the Juvenile Probation Office(s) in \_\_\_\_\_ County to assist the Academy in evaluating my child's eligibility by providing a complete and confidential report containing all applicable documents.

<p>Current report status</p> <p>Final orders for previous legal involvements</p> <p>Informal or formal Improvement Plan requirements</p> <p>Informal or formal Probation requirements</p> <p>Copies of court ordered Psychological Evaluations with recommendations</p>	<p align="center"><b>APPLICANTS</b></p> <p>Obtain photocopies of the identified items and send them in with your application.</p> <p align="center"><b>OR</b></p> <p>Give a photocopy of this signed form to your JPO and have them send items directly to the MCA.</p> <p>FAX: 304-329-2429</p>
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Full Name of Applicant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Applicant's Signature / Date: \_\_\_\_\_

Parent / Legal Guardian Signature / Date: \_\_\_\_\_

REPORT ATTACHED	NO RECORD FOUND
_____	
Name of Probation Officer	
_____	_____
Title	Date
_____	_____
Telephone #	FAX #

<b>MAIL OR FAX TO:</b>
<b>Mountaineer Challenge Academy</b>
<b>240 Army Road – Camp Dawson</b>
<b>Post Office Box 586</b>
<b>Kingwood, WV 26537</b>
<b>FAX Preferred: (304) 329-2429</b>



**Mountaineer Challenge Academy**

**ACKNOWLEDGEMENTS (page 1 of 2)**

**CADET NAME:** \_\_\_\_\_

**PRIVACY ACT RELEASE**

I understand that the **Mountaineer Challenge Academy** operates under the authority of Public Law 102-484, Sec. 1091e(2). In order to evaluate my application for admission, to assess my progress during residential training and to facilitate my post-residential placement, I authorize the **Academy** to collect the personal data necessary. I understand that these disclosures are voluntary; however, if I do not authorize this action, I will not be selected for enrollment in the **Academy**.

\_\_\_\_\_  
Signature of Parent / Legal Guardian / Date

\_\_\_\_\_  
Signature of Applicant / Date

**RELEASE OF INFORMATION**

I consent under applicable State and Federal Laws to the release of information concerning my participation in the **Mountaineer Challenge Academy**. I understand that such information may be obtained from my initial application as well as any documentation generated by the Mountaineer Challenge Academy that may be necessary for my training in areas such as banking, payroll documentation, academic testing and medical care. I understand this includes photographs, news releases and interviews with the Media.

\_\_\_\_\_  
Signature of Parent / Legal Guardian / Date

\_\_\_\_\_  
Signature of Applicant / Date

**GENERAL EDUCATIONAL DEVELOPMENT PROGRAM**

I will be working toward obtaining the GED certificate while attending the Academy. The **Mountaineer Challenge Academy** is not an accredited high school, but is recognized as a Special Alternative Education Program. The **Academy** has been granted a waiver by the West Virginia Department of Education, which allows enrolled Cadets to test for and receive the certificate regardless of age. I understand that receiving a GED is not guaranteed. I understand this education plan and will set my goals accordingly.

\_\_\_\_\_  
Signature of Parent / Legal Guardian / Date

\_\_\_\_\_  
Signature of Applicant / Date



**Mountaineer Challenge Academy**

**ACKNOWLEDGEMENTS (page 2 of 2)**

CADET NAME: \_\_\_\_\_

**SECURITY SYSTEM USE**

I understand that the **Academy** uses surveillance cameras in their buildings to facilitate the safety and security of the Cadets and Staff. The cameras are located in hallways, living areas, and latrine areas. Cameras in the latrine areas are used in the case of an incident and are protected by a command lockout available only to the Director or Deputy Director. **The Mountaineer Challenge Academy** has notified me of the use of security cameras.

\_\_\_\_\_  
Signature of Parent / Legal Guardian / Date

\_\_\_\_\_  
Signature of Applicant / Date

**FINANCIAL RESPONSIBILITIES**

I understand that the **Mountaineer Challenge Academy** is free to the teenagers selected to participate. However, I could incur expenses during my enrollment. I am responsible for any expenses resulting from routine medical care and medications. I understand that I am responsible for the clothing items and training gear issued to me by the **Academy** even if I do not graduate. If these items are misplaced, lost, damaged, destroyed or stolen, I am required to pay for them. I understand that I am responsible for the replacement or repair of any property that is damaged or destroyed because of my behavior. I understand that the **Academy** is **NOT** liable or responsible for my personal property or belongings.

\_\_\_\_\_  
Signature of Parent / Legal Guardian / Date

\_\_\_\_\_  
Signature of Applicant / Date

**SUBSTANCE ABUSE TESTING**

I acknowledge that prior to final admission into the **Academy**, I will be tested by qualified individuals for illegal drugs and alcohol. The **Academy** is free of alcohol, tobacco and other illegal substances. I understand that during the course of my training I will be subjected to random and scheduled testing for illegal use of drugs and alcohol. I consent to these tests.

\_\_\_\_\_  
Signature of Parent / Legal Guardian / Date

\_\_\_\_\_  
Signature of Applicant / Date



Mountaineer Challenge Academy

CADET EMERGENCY NOTIFICATION

CADET NAME: \_\_\_\_\_

Please provide names and phone numbers of individuals who may be notified in case of an emergency situation involving the above-named Cadet.  
The **Academy** must have a total of **four** names/phone numbers from different households.  
The Academy will call in sequence until one person has been notified.  
***Please list parents / legal guardians first.***

PLEASE PRINT CLEARLY

1. Name \_\_\_\_\_ Relationship to Cadet \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship to Cadet \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship to Cadet \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

4. Name \_\_\_\_\_ Relationship to Cadet \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_



**Mountaineer Challenge Academy**

**AUTHORIZED TRANSPORTATION AND VISITATION LISTS**

CADET NAME:

\_\_\_\_\_

**TRANSPORTATION LIST**

PARENT: Please identify those individuals who are authorized to provide transportation for your child. Only those persons over the age of twenty-one (21) and authorized by the Parent / Guardian may transport the Cadet. Parents / Legal Guardians and Mentors **MUST** be listed. A valid driver's license (with photo ID) is required. (NOTE: Individuals listed on the Transportation List are automatically included on the Visitation List.)

NAME	RELATIONSHIP	PHONE NUMBER	CELL NUMBER

**VISITATION LIST**

Only those individuals named below will be permitted to visit the Cadet during regularly scheduled **Academy** visitations. Do not repeat individuals listed on the Transportation List. (NOTE: Do not list friends or relatives under the age of 16.) Visitors **MUST BE** escorted by an authorized individual on the Transportation List. This includes boyfriends / girlfriends.

NAME	RELATIONSHIP	PHONE NUMBER	CELL NUMBER

**Cadets will not be released to anyone suspected of being under the influence of alcohol or drugs.**

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Parent / Legal Guardian