

# Sargent Central Public School

## Cadet Training Registration

7<sup>th</sup> – 12<sup>th</sup> Grade Students (upcoming school year)

### Student Information

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State & Zip: \_\_\_\_\_

### My Child Will Be Participating in Cadet Training

- Yes  
 No

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### For Office Use Only – Payment (\$25) Remitted

- Yes  
 No

