## $_{ m ge}1~{ m of}~2$

#### Marine Corps Junior Reserve Officers' Training Corps (JROTC) Application for Admission

☐ A parent/guardian has completed <u>Section III</u>.



## Student Application Checklist: ☐ All responses in Section I are printed and legible, and student has completed Section II in its entirety.

| ACTION   | I DEDCOMAL   | ALEO DA A TIONI   |   |
|----------|--|---|---|
| Date:    | I. PERSONAL I  | NFORMATION  2. Current School:  |   |
| . Date.  |  | z. current school.  |   |
| . Name   | (Last, First, Middle   | Initial)  | 4. Student ID#:   |
| . Date o |  | 6. Current Grade Level  □ 8th □ 10th □ 12th  □ 9th □ 11th                                     | 7.  |
| . Street | Address, City/State  | /Zip Code:  |   |
| . Home   | Email address:   |   |   |
|          |  |   |   |
| 13. Bri  | efly explain why yo  | or all applicants to the Northridge Marie ou believe that you are a good candidate for the Ji | ROTC program:   |
| 13. Bri  | tial each statement  I underst conduct in order to cord I underst that failure to cord I underst female cadet hair uniform I underst and that I will be Practitioner, Phys |   | rogram requirements: ecademic achievement and support January Standards while in a sive physical training each week, and by my Medical Doctor, Nurse el. etive of the entire Marine Corps |

# $_{\rm ge}2$ of 2

### Marine Corps Junior Reserve Officers' Training Corps (JROTC) Application for Admission



| Section III. PARENT/GUARDIAN CONSENT  |  |   |                        |  |  |  |  |
|---|--|---|------------------------|--|--|--|--|
| I authorize (child's name)to participate in the Marine Corps JROTC program.   |  |   |                        |  |  |  |  |
| Name of Parent/Guardian:  |  | Phone:  |                        |  |  |  |  |
| Signature: X  |  | Date  |                        |  |  |  |  |
|   |  |   |                        |  |  |  |  |
| Section IV. TEACHER/ADMINISTRATOR VERIFICATION (To be filled out by named student's teacher, administrator, or counselor) |  |   |                        |  |  |  |  |
| Name of Teacher/  | Email:                                 |   |                        |  |  |  |  |
| Administrator:  | Phone:                                 |   |                        |  |  |  |  |
| Nature of relationship with Applicant:  | How long you have known the Applicant: |   | YrsMos                 |  |  |  |  |
| Please rate the named student on the following:   |  |   |                        |  |  |  |  |
| <u>Classroom Attendance</u>   |  | ☐ Excellent   |                        |  |  |  |  |
| Ovelity of works Assurance pastwood the grouphy ass   |  | Good  | □ Poor                 |  |  |  |  |
| Quality of work: Accuracy, neatness, thoroughness   |  | <ul><li>☐ Excellent</li><li>☐ Good</li></ul>                | □ Fair<br>□ Poor       |  |  |  |  |
| Quantity of work: Amount completed in relation to the require   | ements                                 | □ Excellent   |                        |  |  |  |  |
| <u> </u>  |  | □ Good  | □ Poor                 |  |  |  |  |
| <b>Dependability</b> : Following of instructions; judgment  |  | ☐ Excellent ☐ Fair  |                        |  |  |  |  |
|   |  | Good  | □ Poor                 |  |  |  |  |
| <u><b>Leadership</b></u> : Helpfulness, initiative, positive attitude   |  | <ul><li>□ Excellent</li><li>□ Good</li><li>□ Poor</li></ul> |                        |  |  |  |  |
| Respect for others: Faculty, staff, fellow students   |  | □ Good<br>□ Excellent                                       |                        |  |  |  |  |
|   |  | Good  | □ Poor                 |  |  |  |  |
| Potential: Exhibits the potential to succeed in college or workf  | orce                                   | □ Excellent   | □ Fair                 |  |  |  |  |
| ☐ Good ☐ Poor   |  |   |                        |  |  |  |  |
| The named student is currently enrolled in or has recently completed the following courses:                               |  |   |                        |  |  |  |  |
| <u>Course</u>   |  | Grade<br>%  | Teacher/Admin Initials |  |  |  |  |
|   |  | %   |                        |  |  |  |  |
|   |  | %   |                        |  |  |  |  |
|   |  | %   |                        |  |  |  |  |
| ]   |  | %   |                        |  |  |  |  |
|   |  | %   |                        |  |  |  |  |
|   | _                                      | %<br>%  |                        |  |  |  |  |
|   |  |   |                        |  |  |  |  |
|   |  |   |                        |  |  |  |  |
| Teacher / Administrator Signature:  |  | Date:   | <u> </u>               |  |  |  |  |