

Teacher Cadet Program Permission ***Preparing Cadets To Be Teacher Leaders!***

Parent/Guardian Permission (Required for Consideration)

I give _____ permission to participate in the Cadet Program. I also give permission for photos to be taken of my child and used for program publicity (web and print materials)

Parent/Guardian Signature _____ Date _____

Cadet Agreement (Required for Consideration)

I understand that to participate, I MUST attend all classroom and seminar sessions for the entire school year.

Cadet Signature _____ Date _____

Confidentiality Agreement (Required for Consideration)

I, _____, a participant in the Teacher Cadet Program, acknowledge that I have been informed that I may come into contact with privileged information while at the training site. I understand that in the course of my interviews, observations, training and cadet duties, I may have access to confidential student and organizational information. I understand that confidentiality is a key component of our school's values.

I hereby understand and promise that information relating to students, parents, volunteers, clients, staff and the organization is to be treated confidentially and discussed only within boundaries of my cadet position at the school I am assigned. I also agree not to discuss these same matters after I have left my internship position. I further understand that breach of this agreement shall constitute ground for and may result in termination of my participation in the Teacher Cadet Program.

Student Cadet Signature

Date

Please return this signature page along with the PROGRAM APPLICATION to Mrs. Green as part of your registration process.

