_____ _____ _____
(Print School Name) (School District) (JROTC State and Unit #)

Cadet Leadership Course
Home School Principal Certification

1. <u>PRINCIPAL CERTIFICATION.</u> I certify that my school district, named above, approves the participation of the JROTC units named above in Cadet Leadership Course (CLC) held at The Citadel. This school is one of many options available for students during the summer and it has been carefully considered as a location of choice for the betterment of cadet leadership skills. The instructors we are sending are satisfactory school district employee(s), have met district requirements for employment to include background checks, meet my understanding of the requirements placed upon instructors by the Department of the Air force, Army, and the Navy, and are covered by any applicable school district insurance and liability coverage during their participation at The Citadel and during transit. Instructors not on contract with the school district are aware they are performing this duty at their own expense and risk. I also understand that all cadets will be required to participate in all physical activities each day to include: running a timed mile, doing push-ups and sit-ups, standing and marching for several hours each day, as well as participating in sports activities each evening. If at any time a cadet cannot participate in all phases of Leadership School, the cadet will be sent home at expense to the parents of the student involved.

2. <u>FIELD TRIP RULES APPLY</u>. During this encampment, I understand that the school district rules for field trips apply to the behavior of the students and the Instructors. If Air Force, Army, and Navy Junior ROTC rules are more stringent, these stringent rules will apply as well. The instructors will comply with the parent's or guardian's instructions about the use of medications, etc., during the leadership school and enroute.

3. <u>NOTIFICATIONS.</u> Should a problem with a student occur, or an emergency situation exist, I ask that I be contacted at the numbers listed now. This notification should occur in reasonable time once the situation is handled.

School principal or other official preferred telephone contact number is _____

4. AUTHENTICATION. Signed this_____day of_____20____.

_____
Signature of Principal

Cadet Leadership Course
Harassment, Bullying, Sexual Assault

As an instructor of the SC Cadet Course Leadership Course, I certify that I have read and understand AFJROTC A Guide to Chaperoning Standards of conduct (found on CitadelCLC.com web site)

Print Name _____

Sign Name _____

Date _____