

MEMORANDUM OF UNDERSTANDING  
BETWEEN  
CADET, PARENT(S)/GUARDIAN(S), AND SENIOR ARMY INSTRUCTOR  
AT SOUTH PAULDING HIGH SCHOOL

SUBJECT: South Paulding High School (SPHS) Junior Reserve Officer Training Corps (JROTC) Policy Agreement

1. PURPOSE: The purpose of this memorandum is to ensure all cadets, parents, and/or guardians understand and agree to the SPHS JROTC policies. The policies for academic year 2023-24 may be viewed at <https://sphsjrotc.weebly.com/policies.html>.
2. UNDERSTANDING: By signing below, all parties agree to adhere to the policies described in this memorandum. Returning cadets and parents, be advised, there have been updates to each policy letter. Please sign and return this form by Tuesday, August 8, 2023, for your cadet to receive a formative quiz grade (25 pts deducted for each day late).
3. Please notify the instructors if you do not have access to home internet or printer and we will provide you with a paper copy of this form and our policy letters.
4. The point of contact for this memorandum is Major (retired) Robert at [rnewbill@paulding.k12.ga.us](mailto:rnewbill@paulding.k12.ga.us).

\_\_\_\_\_  
CADET SIGNATURE

\_\_\_\_\_  
PARENT SIGNATURE

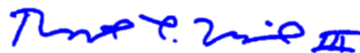
\_\_\_\_\_  
CADET NAME

\_\_\_\_\_  
PARENT NAME

\_\_\_\_\_  
(Date)

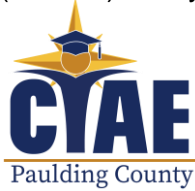
\_\_\_\_\_  
(Date)

Encl: PCSD CTAE  
Parental Release



ROBERT L. NEWBILL III  
MAJ, USA, RETIRED  
Senior Army Instructor, South Paulding HS

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## Parental Release

Dear Parents/Guardians,

For a student to participate in lab related courses in the Paulding County School District, it is necessary for them to purchase school insurance or be covered under your personal health insurance policy. A release form indicating student health insurance status must be submitted at the beginning of each lab related course. If for any reason this information changes during the school year, please contact your child's instructor or the school's CTAE Supervisor to inform them of changes.

Please sign this release and return it to their instructor so that your child will be able to participate in lab assignments.

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### Proof of Insurance

This is to certify that \_\_\_\_\_

*(Print name of Student)*

is covered under school insurance.

or

is covered under our personal health insurance policy.

Name of Insurance Provider \_\_\_\_\_

*(Print name of Health Insurance Provider)*

Parent/Guardian Name \_\_\_\_\_

*(Print name of Parent/Guardian)*

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

### Waiver

I, \_\_\_\_\_ decline to purchase school insurance or provide personal  
*(Print name of Parent/Guardian)*

health insurance coverage for my student \_\_\_\_\_. Therefore, I am  
*(Print name of Student)*

assuming full responsibility for the cost of any medical attention needed.

Parent/Guardian Name \_\_\_\_\_

*(Print name of Parent/Guardian)*

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