

LASSITER

POPE

KELL

NJROTC

**Cadet Account Check**

Date: \_\_\_\_\_

Payment Description: \_\_\_\_\_

Amount \$ \_\_\_\_\_ (cadet account)                      \$ \_\_\_\_\_ (cash or check)

Student Name (print): \_\_\_\_\_ School: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone : \_\_\_\_\_

Parent Signature: \_\_\_\_\_

**(please fill form out completely to make sure your cadet account is kept accurate)**

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