

PARENT/GUARDIAN FORM 2

Cadet Name Last, First, MI

SUBJECT: CADET ACCOUNTS

1. Allowance

I desire to have the Academy distribute from my deposit an allowance of \$_____ per week (\$10-\$15 recommended) to the above-named cadet. Cadets are not allowed to have more than \$25 in their possession.

The Academy requests that the parents/guardians deposit 18 – 36 weeks of Allowance money into this account.

$$\frac{\text{_____}}{\text{Number of week's}} \times \frac{\text{_____}}{\text{Weekly amount}} = \frac{\text{_____}}{\text{Total deposited}}$$

Allowance will begin the first week following your cadet's arrival on campus.

2. INCIDENTALS ACCOUNT:

These funds will be used to cover the costs associated with medical expenses, special programs, trips and other activities as shown on Form 22.

- a. I am depositing \$_____ into the INCIDENTALS ACCOUNT. (\$300-\$500 recommended). Any unused portion will be returned to the parent at the end of the school year.
- b. I understand that activities tickets must be paid for in advance, and therefore, if my son/daughter has signed up but does not participate, the transportation and admission charges may still apply.
- c. This agreement is valid and remains in effect for the entire period that my son/daughter remains at the Academy.

Parent/Guardian Signature

Printed Name of Parent/Guardian

Date

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