

Appendix A

CACC Form 1: Application to Form a California Cadet Corps Unit

Name of School _____

Physical Address of school _____

City _____, Zip _____ School Phone (____) _____

Mailing address if different _____

City _____, Zip _____ School Phone (____) _____

School FAX (____) _____ School email _____

Principal/Site administrator's Name _____

Additional Administrator's Name _____

Proposed Date to Start Program _____ Anticipated Total enrollment _____

Anticipated number of CACC class sections/classes to be offered: _____

Anticipated room/location for CACC instruction: _____

The governing board of this school/district would like to offer an employment contract to the following individual to serve as Commandant: _____.

(NAME AND RANK)

His/her Designated Subjects Special Subjects Basic Military Drill Credential Status is (check one):

- Unknown
- S/he has a C-19 for a Preliminary DSSS BMD Credential
- Holds a Preliminary DSSS BMD Credential # _____
- S/he has a C-19 for a Clear DSSS BMD Credential
- Holds a clear DSSS BMD Credential # _____

If more than one Commandant will serve this school, please include additional name(s), rank(s), and credential information on the reverse of this form.

We have read, understood, and will comply with the provisions of CR 1-9, *Establishing a California Cadet Corps Unit*, and on behalf of the Governing Board of _____ School District (or Charter or Private) School request the establishment of a battalion at the above school.

Signed on behalf of the Governing Board _____

Title _____

Date _____