



CART ACADEMY APPLICATION

CLASS #: _____

*****CONFIDENTIAL INFORMATION*****

STUDENT NAME: _____ AGE: _____

ADDRESS: _____ ZIP CODE: _____

HOME PHONE: _____ PARENT'S CELL PHONE: _____

D.O.B.: ____/____/____ PARENT(S)/GUARDIAN: _____

GRADE: _____ SCHOOL: _____ STUDENT ID NO: _____

MEDICAL CONDITIONS/ILLNESSES (Describe): _____

LAW ENFORCEMENT CONTACT(Describe): _____

EMPLOYMENT: Yes / No LOCATION: _____

I understand that signing this application, CART Staff will conduct a check on my son's/daughter's background. This will include school records, law enforcement contacts, and will require a visit to my home for a program assessment.

PARENT/GUARDIAN SIGNATURE: _____

SCHOOL CHECK: _____

LAW ENFORCEMENT CHECK: _____

COURT/PROB ATION CHECK: _____

HOME VISIT DATE: _____
