



# Cart Academy Student Application

Cadet Name \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ DOB \_\_\_\_\_

School District \_\_\_\_\_ Counselor \_\_\_\_\_

How were you referred to the CART Academy? (Circle one below)

SARB SART YAB PROBATION SCHOOL COUNSLER LAW ENFORCEMENT OTHER \_\_\_\_\_

Shirt Size \_\_\_\_\_ Shorts Size \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

Have you ever been detained or questioned by law enforcement? If yes, explain below:

\_\_\_\_\_

Do you have any allergies or physical restrictions? If yes, explain below:

\_\_\_\_\_

Medication taken: \_\_\_\_\_

Please list applicant's special interests, hobbies or sports

\_\_\_\_\_

By signing below, you are requesting CART Staff to review  
your application to begin the CART Academy.

Cadet Signature \_\_\_\_\_ Parent Signature \_\_\_\_\_

School Official Signature \_\_\_\_\_

CART Staff Signature \_\_\_\_\_ Coordinators Approval \_\_\_\_\_

Processing: Approved Approved/Letter Mailed Delay Other: \_\_\_\_\_