



TOWN OF NEWINGTON

Newington Volunteer Fire Department Cadet Division

617 Maple Hill Avenue, Newington, Connecticut 06111
Voice: 860-667-5905



Newington High School Partnership Program Cadet Program Credit Application

Name: _____ NHS ID #: _____ School Year: _____

House: Magee Doran Stoddard Counselor Name: _____

The above named student was a sworn member of the Newington Volunteer Fire Department and/or Newington Volunteer Fire Department Cadet Division as of

September 15 January 15

and requests to be considered to receive one-half elective credit if sworn-in by September 15 or one-quarter elective credit if sworn-in by January 15 in accordance with the guidelines set forth in the *Newington High School Program of Studies*.

In order to ensure accurate record keeping, it is the responsibility of the student to ensure that his or her name is recorded on all fire incident, training and activity reports throughout the school year.

The parent / guardian hereby grants Newington High School personnel permission to release any necessary information to the Newington Volunteer Fire Department Cadet Division staff.

This information may include academic records in order to ensure continued eligibility to participate in the NFD Cadet Program. The parent / guardian also understands that, from time to time, the Cadet Division staff will communicate information on participation to Newington High School.

Signatures:

Student Signature: _____ Printed Name: _____ Date: _____

Parent / Guardian Signature: _____ Printed Name: _____ Date: _____

NFD Cadet Captain Signature: _____ Printed Name: _____ Date: _____

Counselor Signature: _____ Printed Name: _____ Date: _____

Upon completion, one copy of the completed form is to be retained by the student and parent/guardian, one by the school counselor and one by the NFD Cadet Division.

This form is to be completed no later than September 30 for those sworn-in by September 15 and no later than January 30 for those sworn-in by January 30.