



**BAKER CITY, OREGON**  
 P.O. Box 650, Baker City, OR 97814-0650  
 541-523-6541 or 541-523-3711 Voice/TDD  
 www.bakercity.com



## Administrative / Disciplinary Notice

Cadet	Date of Occurrence	Location of Incident
Date of Issuance	Advisor Initiating Action	

**Academic                      Disciplinary**

**Incident Details** (attach any supporting documentation)

### Corrective Actions to be Taken

I understand that the action(s) that caused this action may lead to temporary suspension from the Fire Cadet Program; or may lead to my dismissal from the Program, depending on frequency and severity. I also understand that I will be suspended from the Cadet Program until such time as my parents/guardians acknowledge receipt of this form.

I understand that my school academic grades come first and until such time as they are all passing, I will be suspended from the Fire Cadet Program. (must produce proof of all passing marks to School Career Counselor). I understand that I will be suspended from the Cadet Program until such time as my grades improve.

I acknowledge that the above academic/disciplinary form will be made part of the Cadet's personnel file until such time as they have left the program.

Cadet's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Official Use Only**

Official signature and date reflect receipt of this notice by the Fire Cadet Program Advisor

Fire Cadet Program Advisor \_\_\_\_\_ Date \_\_\_\_\_