

**Guardian Permission to Apply**  
**2025 Georgia Department of Natural Resources Career Academy**

Name of Student Applicant: \_\_\_\_\_

I, \_\_\_\_\_, give consent for \_\_\_\_\_  
(printed name of legal guardian) (printed name of student applicant)

to apply to the Georgia Department of Natural Resources Career Academy. I am aware that selected participants will have to be checked in on Sunday, July 20, 2025, at the Charlie Elliott Wildlife Center in Mansfield, Ga., that this is a week-long program requiring participants to stay overnight at the Charlie Elliott Wildlife Center and Jekyll Island 4-H Center where meals will be provided, spend the majority of their days outdoors working, and that participants must be picked-up on Saturday, July 26, 2025. The cost to attend for selected participants is \$100.

\_\_\_\_\_  
(signature of legal guardian)

\_\_\_\_\_  
(date)

Phone Number of Legal Guardian: \_\_\_\_\_

Email Address of Legal Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please print this form and have your student submit it within the Profile Section of the DNR Career Academy Application found at [https://webportalapp.com/sp/login/2025\\_gadnr\\_careeracademy](https://webportalapp.com/sp/login/2025_gadnr_careeracademy) . Applicants cannot submit their completed application or be considered for the DNR Career Academy without your permission as expressed on this form. Thank you.