

JROTC PERSONNEL DATA

NAME: _____
(LAST NAME, FIRST NAME, MI)

STUDENT ID NUMBER: _____ Gender: M / F
(circle one)

ENROLLED DATE: _____ GRADUATION YEAR: _____
(Expected)

HOME ADDRESS: _____
(STREET) (APT)

(CITY) (ZIP)

DATE OF BIRTH: ____ / ____ / ____ AGE TODAY: ____ U.S. CITIZEN: Yes / No
(Month) / (Year) (circle one)

CURRENT SCHOOL GRADE: 09 10 11 12 JROTC CLASS PERIOD: ____

LET LEVEL: _____ RACE: _____

STUDENT'S EMAIL ADDRESS: _____

PARENT'S EMAIL ADDRESS: _____

PARENT, GUARDIAN, OR RELATIVE YOU LIVE WITH: _____

(LAST NAME, FIRST NAME, MI) (RELATIONSHIP TO YOU)

HOME TELEPHONE NUMBER: _____

PARENT MOBILE (cellular) PHONE NUMBER: _____

EMERGENCY TELEPHONE NUMBER: _____

MEDICAL INFORMATION: _____

ALLERGIES: _____

MEDICAL CONDITIONS: _____

MEDICATIONS: _____

OTHER PERTINENT MEDICAL INFORMATION: _____

**I HAVE READ, UNDERSTAND AND WILL COMPLY WITH THE CADET HANDBOOK AND
CADET DESK REFERENCE**

CADET SIGNATURE: _____ DATE: _____