

CADET PERSONAL DATA ENTRY FORM

Last Name: _____ First Name: _____ MI: _____

ID: _____ Birth Year: _____ Month: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Gender: Male Female Race: _____ Status: ACTIVE

Cross Enrolled: Yes No Home School: N/A

Alien: Yes No

Street: _____ Apartment: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____

Home Phone Listed: Yes No E-Mail: _____

School Year: _____ Enrolled: / / mm/dd/yyyy

Expected Graduation Date: / / mm/dd/yyyy Type: Regular Special

Battalion: _____ Company: RANGER

Platoon: _____ Squad: _____

Risk Screening: / / mm/dd/yyyy Pre-Sports-Physical: / / mm/dd/yyyy

PARENT/GUARDIAN INFORMATION

Relationship: _____ Legal Residence: Yes No

Street: _____ Apartment: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____

Home Phone Listed: Yes No E-Mail: _____

Relationship: _____ Legal Residence: Yes No

Street: _____ Apartment: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____

Home Phone Listed: Yes No E-Mail: _____