

Cadet Information Data Form

LAST NAME: _____

FIRST NAME: _____

MIDDLE INITIAL: _____

STUDENT ID#: _____

Gender: _____

RACE: _____

DATE OF BIRTH: MONTH _____ DAY _____ YEAR _____

CLASS: NS1 _____ NS2 _____ NS3 _____ NS4 _____

SCHOOL YEAR: 9TH _____ 10TH _____ 11TH _____ 12TH _____

DATE ENROLLED: MONTH _____ YEAR _____

EXPECTED GRADUATION: MONTH _____ DAY _____ YEAR _____

PARENTS'/GUARDIANS' NAMES: 1. _____

2. _____

ADDRESS: STREET _____

CITY _____

STATE _____ ZIP CODE _____

PARENTS' HOME PHONE #'S: _____

PARENTS' CELL PHONE #'S: 1. _____

2. _____

CADET'S CELL # _____

PARENTS' EMAIL: 1. _____

2. _____

Do you have internet at home? Yes No

Do you have access to a computer at home? Yes No

Do you have a printer? Yes No