Cadet Personal Data Entry Form

Last Name:	First Name:			MI:
SCHOOL ID:	Birth Year:		Feb Mar Apr 1 Aug Sep Oct 1	
Gender: Male Female	Race:	Status: ACT	IVE	
Alien: Yes No				
Street:		Apar	tment:	
City:		State:	Zip:	
Home Phone: ()		Work Phone:)	
Home Phone Listed: Y	es No eMail:			
School Year:		Enrolled:	/ /	
			mm/dd/yyyy	
Expected Graduation	Date: / /			
	mm/dd/yyyy		ang sa Cili Ing	
Battalion:	Company:		Let Level:	No. Constants
Platoon: Squad:		Class Period:		
Parent/Guardian Info	rmation			
Name:		Relationship		
Street:		Apt	_Legal Resid	ence: Yes No
Home Phone: ()	Work Phone: ()	
Home Phone Liste	d: Yes No eMail:	a all'a colorada a		
Name:				
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Home Phone Liste	d:Yes No eMail:		2.1.2.2.2.1.1.1.2	denie denie denie