

PARENT/GUARDIAN FORM 1

Cadet Name Last, First, MI

SUBJECT: STUDENT IDENTIFICATION AND REPORTING INFORMATION

1. Cadet Information:

a. Name:

Last Name First Name MI (Nickname) Sex Date of Birth Race
b. Address:

Street City State ZIP Code
c. Physical Description:

ft. in. lbs. Height Weight Eye Color Hair Color Blood Type

Complexion (ex: light, medium, dark) Scars, Marks, Tattoos, Other Characteristics

Social Security Number

d. Required Medication:

(1) _____ (3) _____

(2) _____ (4) _____

e. Allergies _____

f. Other medical information _____

2. PARENT INFORMATION: (please check which parent is the legal guardian of cadet)

a. Primary Parent/Guardian Mother Father Other _____

Name _____ DOB _____

Social Security _____ Legal Guardian _____ Yes _____ No

Telephone (h) _____ telephone (w) _____

Cell phone _____

e-mail (h) _____ e-mail (w) _____

Address _____

Employer name and address _____

b. Secondary Parent/Guardian Mother Father Other _____

Name _____ DOB _____

Social Security # _____ Legal Guardian Yes No

Telephone (h) _____ telephone (w) _____

Cell phone _____

e-mail (h) _____ e-mail (w) _____

Continued on back

Address _____

Employer / Company name and address _____

- (1) Include in Academy e-mail notifications Yes No
(2) Provide Academic Reports Yes No
(3) Provide Disciplinary Reports Yes No
(4) Provide Medical Information Yes No

3. Grandparents' Information:

Name	Address	City	State	Zip
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Home phone	E-mail	Cell
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Name	Address	City	State	Zip
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Home phone	E-mail	Cell
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4. Notification and Reporting Information:

- a. In addition to the parents / guardians shown in paragraph 2, please provide a prioritized list of individuals we may contact in case of emergency. Parents / Guardians will be called first.

(1) _____
Name Home Phone Work Phone Cell

_____ E-mail, Personal E-mail, Work Relationship

(2) _____
Name Home Phone Work Phone Cell

_____ E-mail, Personal E-mail, Work Relationship

(3) _____
Name Home Phone Work Phone Cell

_____ E-mail, Personal E-mail, Work Relationship

- b. Please list anyone, including family members that you do not want us to contact concerning your son/daughter:

(1) _____
Name Relationship

(2) _____
Name Relationship

5. Religious Preference: _____.

Primary Parent/Guardian Signature

Date