
MASSANUTTEN

MILITARY ACADEMY



Academic and School Communication Contact Information SY2020-21

The information you provide in this form will be used for parent/teacher communication and academy communications by email, text, phone and/or mail:

Cadet Name: _____ **Grade:** _____

Parent/Guardian Contact #1: _____
First Name Last Name M.I.

Preferred Cell: _____

Preferred Email: _____ Relationship to Cadet: _____

Preferred Mailing Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Contact #2: _____
First Name Last Name M.I.

Preferred Cell: _____

Preferred Email: _____ Relationship to Cadet: _____

Preferred Mailing Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Contact #3: _____
First Name Last Name M.I.

Preferred Cell: _____

Preferred Email: _____ Relationship to Cadet: _____

Preferred Mailing Address: _____

City: _____ State: _____ Zip: _____