

ADMIN _____

CDMIS _____

SNSI/NSI _____

CADET DATA INPUT SHEET

(PLEASE PRINT YOUR ANSWERS TO THE BELOW REQUESTED INFORMATION)

CADET DATA

STUDENT ID#: _____ CLASS BLOCK: _____

LAST NAME: _____ FIRST NAME: _____ M.I. _____

DATE OF BIRTH (MM/DD/YY): _____ SEX (Circle): M F RACE: _____

GRADUATION YEAR: _____ GRADE (Circle): 9 10 11 12 NAVAL SCIENCE YEAR (Circle): 1 2 3 4

SEA CADETS: YES NO CIVIL AIR PATROL: YES NO BOY/GIRL SCOUTS: YES NO

ADDRESS: _____ APT: _____

CITY: _____ STATE: _____ ZIP CODE (Plus 4): _____

HOME PHONE: () _____ UNLISTED (CIRCLE): Y N CELL PHONE: () _____

EMAIL: _____ FACEBOOK: _____

FIRST PARENT/GUARDIAN INFORMATION

TITLE: _____ LAST NAME: _____ FIRST NAME: _____ MI: _____

RELATIONSHIP TO CADET: _____ LEGAL GUARDIAN: Y / N LIVES WITH: Y / N

ADDRESS: _____ APT: _____

EMAIL: _____

CITY: _____ STATE: _____ ZIP CODE (PLUS 4): _____

HOME PHONE: () _____ UNLISTED (CIRCLE): Y N WORK PHONE: () _____

EMERGENCY NUMBERS: 1 () _____ 2 () _____

NOTES:

SECOND PARENT/GUARDIAN INFORMATION

TITLE: _____ LAST NAME: _____ FIRST NAME: _____ MI: _____

RELATIONSHIP TO CADET: _____ LEGAL GUARDIAN: Y / N LIVES WITH: Y / N

ADDRESS: _____ APT: _____

EMAIL: _____

CITY: _____ STATE: _____ ZIP CODE (PLUS 4): _____

HOME PHONE: (____) _____ UNLISTED (CIRCLE): Y N WORK PHONE: (____) _____

EMERGENCY NUMBERS: 1 (____) _____ 2 (____) _____

NOTES:

“MUST BE COMPLETED THE FIRST WEEK OF SCHOOL”

GRANBY NJROTC FORM (1)