Cadet Personal Data Entry Form

Last Name:						MI:		
PHS ID:	Birth Year	Birth Mo		FEB MAR AUG SEP				
Gender: Male Fema	le Race:	Grade	Class	Period:				
Cadet Home Information	on (where you live	e)						
Street:			Apartmer	nt:				
City:	State: Zip Code:							
Home Phone: ()		Work Phone: ()						
Cell Phone Listed:		email:						
School Year:		Enrolled:	_ Enrolled: T Shirt Size:					
Expected Graduation [Date:	/	Турє	e: CADET	<u>STU</u>	<u>DENT</u>		
Parent/Guardian Info	ormation							
Name:			hor Cron	dmathar Cus	ardion)			
. ,		Father, Grandfather, Grandmother, Guardian) Apartment:						
		State: Zip Code:						
	Work Phone: ()							
Cell Phone:		emai	il				<u>.</u>	
Cell Phone Car	rier	Yes,	send me	Alert Informa	tion Te	xts		
Name:								
				idence: Ye	s No			
Street:	Apartment:							
	City: State: Zip Code:							
Home Phone: ()Wor								
Cell Phone:		emai	il				<u>.</u>	