



LIVINGSTON NNDCC, JROTC
LIVINGSTON HIGH SCHOOL

PERSONAL DATA SHEET

Name : _____
(Last) (First) (Middle)

Student ID Number: _____

AGE: _____ Race _____ Gender: M/F Grade: 7 8 9 10 11 12

Date of Birth: _____/_____/_____
(Day) (Month) (Year)

Address: _____
(Street)

(City) (State) (Zip Code)

Home Phone Number: (____) _____ - _____

Place of Birth: _____
(City) (State) (Country)

Name(s) of Parent(s)/Guardian(s) with whom you reside: _____

Relationship (Mother/Father, Step Mother/Father, Guardian,
Etc.): _____

Address: _____
(Street)

(City) (State) (Zip Code)

Home Phone Number: (____) _____ - _____

Work Phone Number: (____) _____ - _____

Parent/Guardian EMAIL Address: _____

List any medical or physical limitations (Asthma, Diabetes, Allergies, Etc.) which may limit your participation in JROTC activities:

Note: Cadets are expected to participate fully in all JROTC drill and physical activities unless there is a recorded medical reason to limit such activities.

I certify that the above information is correct):

(Signature of Cadet)

(Signature of Parent or Guardian)