

PARENT/LEGAL GUARDIAN MILITARY SERVICE INFORMATION

Information required by the Every Student Succeeds Act (ESSA) and the US Dept. of Education

Student Name _____

School: _____ Grade: _____

Father's Name: _____

Are you currently an active member of any branch of our Military?

Circle One: YES NO

If YES, do you serve

Circle One: FULL TIME PART TIME

If YES, in which branch are you currently serving? Please check one:

- | | |
|--------------------------|-----------------------------------------------|
| <input type="checkbox"/> | Army |
| <input type="checkbox"/> | Navy |
| <input type="checkbox"/> | Air Force |
| <input type="checkbox"/> | Marine Corp |
| <input type="checkbox"/> | Coast Guard |
| <input type="checkbox"/> | National Guard |
| <input type="checkbox"/> | Active Guard Reserve (full-time Reserve Duty) |

Mother's Name: _____

Are you currently an active member of any branch of our Military?

Circle One: YES NO

If YES, do you serve

Circle One: FULL TIME PART TIME

If YES, in which branch are you currently serving? Please check one:

- | | |
|--------------------------|-----------------------------------------------|
| <input type="checkbox"/> | Army |
| <input type="checkbox"/> | Navy |
| <input type="checkbox"/> | Air Force |
| <input type="checkbox"/> | Marine Corp |
| <input type="checkbox"/> | Coast Guard |
| <input type="checkbox"/> | National Guard |
| <input type="checkbox"/> | Active Guard Reserve (full-time Reserve Duty) |

Parent Signature _____ Date: _____