

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: _____