

Cadet Record Report

Name:	Sex:	Race:
Street:		Date of Birth:
City:	Zip:	Telephone:
E-Mail:		
Parent/Guardian:	Signature:	
Telephone (W):	Cell:	
E-Mail:		

Staff Use Only

Parent/Guardian Release Form	Yes / No	Cadet Review:	Date:
Cadet Health and Wellness Form	Yes / No	Cadet Review:	Date:
Code of Conduct	Yes / No	Cadet Review:	Date:
Uniform Policy Letter	Yes / No	Cadet Review:	Date:
Grooming Standards	Yes / No	Cadet Review:	Date:
Hand Receipts	Yes / No	Cadet Review:	Date:
Uniforms Issued in WINGS	Yes / No	Cadet Review:	Date: