

JUMS FORM

CADET NAME (LAST, FIRST): _____ **STUDENT ID:** _____

DATE OF BIRTH (MM/YYYY): _____ **AGE:** _____ **GRADUATING CLASS:** _____

GENDER: Male (M) or Female (F) **SMALL SCHOOL:** BST DMD EID SCC

RACE: Native American Hispanic Caucasian Asian + Pacific Islander African American

CLASS PERIOD: 0 1 2 3 4 5 **GRADE LEVEL:** 9 10 11 12

LET LEVEL: 1 2 3 4 **FIRST YEAR IN JROTC?:** YES or NO