

NEW STUDENT INDOCTRINATION INFORMATION SHEET

Please fill in legibly. (ALL FIELDS ARE REQUIRED)

Last Name: _____ First Name: _____ Middle Initial: _____

Full Social Security Number: _____ Date of Birth _____

Email: _____

Home of record (Usually Mother/Fathers address)

(Number and Street Name)

(City, Zip Code)

Cell Phone #: _____ Resident Phone #: _____

Next of Kin (Usually parent or guardian): _____

Next of Kin Contact Phone #: _____

Secondary Next of Kin: _____

Secondary Next of Kin Contact Phone #: _____

OPTION: Navy Option or: Marine Option (circle one)

School approved for or school you plan to attend: _____

Gender (used for berthing purposes): _____

If you are the dependent of a member of the military:

DOD ID #: _____