



LOUDOUN COUNTY HIGH SCHOOL NJROTC
 School Year 2024 – 2025
 Record of Cadet Information (RCI)



Cadet Information:

Name (print): Last _____ First _____ MI _____

Address: _____
House # and Street City State Zip Code

Home phone: _____ Cell phone: _____ E-mail: _____

Gender: M F Date of Birth: _____ Place of Birth: _____

U.S. Citizen? Yes ___ No ___ If no, what country? _____

Race/Ethnicity: _____ Religious Preference: _____
(as recorded with school) (optional)

Post-High School Plans (check all that apply): ___ 4-yr College ___ 2-yr College
 ___ Military ___ Other Employment ___ ROTC Scholarship ___ Service Academy

College/Service/Major/Career Interests: _____

H.S. Graduation Year: _____ Shirt Size: XS S M L XL 2XL 3XL 4XL

Parent/Guardian Information:

Name: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____

E-mail Address: _____

Contact info for additional Parent/Guardian:

Name: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____

E-mail Address: _____

(Please place an asterisk (*) next to the preferred phone number above in case of an emergency)

Is English spoken and understood at home? Yes ___ No ___

If no, what language is used? _____

If a parent's address is different than the cadet's home address and you would like to have mailings about the program sent to this additional address, please provide it here:

Name House # and Street City State Zip Code