



Military Connection Form

PLEASE RETURN THIS FORM ONLY IF YOUR CHILD MEETS ONE OF THE
CRITERIA BELOW

Student Name: _____

Date of Birth: _____

Parent Name: _____

Please check one option below to indicate if your child is a dependent of a member of:

_____ Active Duty: Army, Navy, Air Force, Marine Corps, or Coast Guard
(This includes Missing in Action)

_____ Texas National Guard

_____ Reserve Duty: Army, Navy, Air Force, Marine Corps, or Coast Guard

Signature of Parent

Date