

# NJROTC UNIT MANAGEMENT SYSTEM (NJUMS) CADET DATA SHEET

Cadet's School ID #: \_\_\_\_\_ SCHOOL: CORTEZ WASHINGTON Period: \_\_\_\_\_  
(Circle One)

Cadet's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Sex: (M or F) \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Month/Day/Year)

Ethnic Background: African American American Indian Asian/Pacific Islander  
(Circle One) Caucasian Hispanic Other

Home Telephone with Area code \_\_\_\_\_ Listed: (Yes or No) \_\_\_\_\_

School Year: (Circle One) 9 10 11 12 Naval Science Year: \_\_\_\_\_  
(1, 2, 3, 4)

Cadet's Address: Street: \_\_\_\_\_ Physical/Medical Limitations: \_\_\_\_\_  
City \_\_\_\_\_ ZIP \_\_\_\_\_

## FAMILY INFORMATION:

Relation: (Father, mother, grandfather etc) \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Home Telephone #: (\_\_\_\_) \_\_\_\_\_ Work Telephone #: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Relation: (Father, mother, grandfather etc) \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Home Telephone #: (\_\_\_\_) \_\_\_\_\_ Work Telephone #: (\_\_\_\_) \_\_\_\_\_ Cell Telephone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Legal Guardian: (Yes or No) \_\_\_\_\_ Father and/or Mother \_\_\_\_\_ Cadet Resides with: (Yes or No) Father and/or Mother \_\_\_\_\_  
(Circle one or both) (Circle one or both)

Address Street & Apt: \_\_\_\_\_

City and ZIP Code: \_\_\_\_\_