



WELLS-OGUNQUIT COMMUNITY SCHOOL DISTRICT

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Active Military Duty Questionnaire

Student's Name: _____ **DOB:** _____

Name of parent(s)/guardian(s) with whom the child resides:

(please print) (please print)

Physical Street Address: _____

Please complete this section only if the following applies:

- Are both (or one) of this student's parents/guardians on full-time duty status in the active uniformed service of the United States (including members of the National Guard and Reserve on active duty orders), or within one year of medical discharge or retirement from those uniformed services?

Yes No

Note: Parent/guardian is not required to provide this information

For parent/guardian(s) on Active Military Duty

- Name of parent/guardian on Active Military Duty:

- Relationship to student: _____
- Branch of Service and Rank:

- Where stationed at present?

Parent/Guardian Signature: _____ **Date:** _____