

MILITARY PARENT OR GUARDIAN AFFILIATION FORM

Washington State Legislature has mandated that data on students from military families must be collected as stated in RCW **28A.300.507**.

For the purpose of collecting the data please mark all that apply:

- No parent or guardian **currently** serving as a member of the U.S. Armed forces, Reserves of the U.S. Armed Forces or Washington National Guard.
- Yes a parent/guardian is a current member of **the active duty** U.S. Armed Forces.
- Yes a parent/guardian is a current member of the **reserves** of the U.S. Armed Forces.
- Yes a parent/guardian is a current member of the **Washington National Guard**.
- Yes more than one parent or guardian is **currently either a member on active duty in the U.S. Armed forces, Reserves of the U.S. Armed Forces or Washington National Guard**.
- No Response/Refused to state.

Student Name: _____ Grade: _____

Siblings: _____

Parent/Guardian: _____ Date: _____

(Note: If at any time throughout the school year the military status changes, please contact the Centralia School District office or your student's school to report the change.)