



If you, your spouse, or a legal guardian are an activity duty person in the Armed Forces and your child attends the Ashland City Schools, please complete this form and return it to the school office.

Students Name: _____

Other siblings attending Ashland City Schools _____

Please checkmark if the following applies to your student(s) and return to the school office.

- ✓ My student is a dependent of a member of the Active Duty Forces (Army, Navy, Air Force, Marines or Coast Guard): _____

- ✓ My student is a dependent of a member of National Guard (Army National or Air National): _____

Date: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____