

| INDIVIDUAL RELIGIOUS EDUCATION ENROLLMENT AND REGISTRATION RECORD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| STUDENT'S NAME (Last, First, MI) | | | | | | | | | | FOR OFFICIAL USE ONLY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| DATE ENROLLED | | | SCHOOL GRADE | | SPONSOR'S NAME (Last, First, MI) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DATE OF BIRTH | | | AGE | | GRADE | | ORGANIZATION ADDRESS | | | | WORK PHONE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| FIRST COMMUNION <input type="checkbox"/> YES <input type="checkbox"/> NO | | CONFIRMATION <input type="checkbox"/> YES <input type="checkbox"/> NO | | | GRADE | | ORGANIZATION ADDRESS | | | | WORK PHONE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| MEDICAL CONCERNS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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RANDOLPH AFB FORM 16, 20001001 (IMT-V1) (12FTW/HC)

| INDIVIDUAL RELIGIOUS EDUCATION ENROLLMENT AND REGISTRATION RECORD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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RANDOLPH AFB FORM 16, 20001001 (IMT-V1) (12FTW/HC)

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ITAOP savePDF method proved to be very simple and completely reliable for millions of users all over the world (incl. individuals, companies, organizations, government employees).

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 8013, Secretary of the Air Force: powers and duties; delegation by.

PURPOSE: To enroll, locate, and have an emergency contact for students in the religious education classes.

ROUTINE USES: No disclosures will be made outside of DoD.

DISCLOSURE: Furnishing information is voluntary. Failure to provide the information could preclude religious education staff to contact sponsor in case of emergency.

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