

DEPLOYMENT INFORMATION

Please take this home and fill it out with your parent/guardian.

Bring the completed form back to the counseling office.

- Student's Name:
- Aviano Parent's Name:
- Aviano Parent's E-mail:
- Aviano Parent's Phone:
- Deployed Parent's Rank/Name:
- Deployed Parent's E-mail:
- Deployed Parent's Address:

- How long will they be deployed? months
- Deployed Parent's Favorite Foods/Snacks:

- Deployed Parent's Favorite Author/ Magazines:

Other:

Thank you!