

# DEPLOYMENT NOTICE

## Deployment Information for School Personnel

### Student's Name

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

### Current School

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**\*The information below can be completed by A&FRC Personnel if you so choose.**

**Name of Parent Deploying:** \_\_\_\_\_

**Departing Date (MM/YY):** \_\_\_\_\_

**Expected Return Date (MM/YY):** \_\_\_\_\_

### Additional Information:

1. Will your student(s) continue living at their primary residence? YES/NO

If no, please explain. \_\_\_\_\_

2. Who will be your student(s) primary caregiver while you are deployed?

Name: \_\_\_\_\_

Telephone & Email: \_\_\_\_\_

3. Would you like to continue receiving information from the school(s) while deployed? YES/NO

I authorize Airman & Family Readiness Center and/or Child and Youth Services personnel to provide a copy of this form to my student's school(s) to aid school personnel in supporting my student's needs as related to my deployment status.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*If you are utilizing your AF 357 Family Care Plan, your students may be covered under the Interstate Compact on Educational Opportunities for Military Children. Please speak with your Holloman School Liaison Officer for more information.**

**FOUO: This document may contain privileged or other sensitive information exempt from mandatory disclosure under the Freedom of Information Act or under the Privacy Act of 1974 and AFI 33-332.**