



# Academy Roster

School: \_\_\_\_\_

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

Teacher Email: \_\_\_\_\_

McEntire JNGB – 1325 South Carolina Road; Stop 39 – Eastover, SC 29044  
 (803) 647-8126 Fax: (803) 647-8195

Please provide name and call sign (13 characters or less) for each student and teacher.  
 Return this form **NO LATER THAN 1 WEEK PRIOR** to your first day. Roster may  
 be faxed or emailed to : [lola.m.banks.nfg@mail.mil](mailto:lola.m.banks.nfg@mail.mil)

	Gender	First & Last Name	Call Sign
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