

## Light Fighters School (LFS) Air Assault Course (AAC)



### ENROLLMENT FORM

NAME (Last, First, MI)	RANK	LAST 4 OF SSN	MOS / BRANCH
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UNIT (CO, BN, BCT, and Address)	UIC
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Soldier successfully completed the APFT, IAW TC 3-22.20  
Within 30 days of AAC zero day start date

Yes  No

SCORE	PU (RAW)	SU (RAW)	RUN (TIME)	SCORE	AGE	DATE	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 1. Soldier meets height / weight standards <b>IAW AR 600-9</b>                                                                                                                                                                                                | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Soldier has a MEDPROS print out to verify a physical within 5 years<br><small>If over 40, physical must be within one year of class start date</small>                                                                                                     | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Soldier has completed Physical Health Assessment (PHA) <b>Overall Readiness Status: GREEN</b><br><a href="https://medpros.mods.army.mil/medpros/MyMedicalReadiness/medical.aspx">https://medpros.mods.army.mil/medpros/MyMedicalReadiness/medical.aspx</a> | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Soldier has received 3 copies of orders if not stationed on Fort Drum                                                                                                                                                                                      | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Soldier has a current / valid ID Card and ID Tags, Medical Tags if required                                                                                                                                                                                | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Soldier has military specification eye glasses if needed with elastic retainer band                                                                                                                                                                        | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7. Soldier has required equipment per LFS AAC packing list and inspected by Chain of Command                                                                                                                                                                  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8. Soldier has received specific instructions for transportation                                                                                                                                                                                              | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 9. TDY Soldier's have emailed or faxed a flight itinerary to LFS Operations Fax:(315)772- 4080                                                                                                                                                                | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 10. Soldier is driving POV more than 100 miles<br><small>If driving more than 100 mi, Soldier will be required to stay over night after graduation</small>                                                                                                    | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

#### INITIAL

AIR ASSAULT COURSE	Soldier	1st Line Leader	CDR	COURSE INFORMATION
Soldier received training on an obstacle course or 30ft rope				COURSE #
Soldier conducted a 12 mile Foot March within 12 months				LOCATION: LFS Bldg T-3897 Netherly Street
Soldier is not currently on medications that would prevent them from completing the course				REPORT DATE
Soldier is not on a profile				START DATE
				END DATE

I have completed all listed tasks as noted above and have all required documents listed above.

SOLDIER'S SIGNATURE	PRINTED NAME	DATE
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#### COMMANDER CONTACT INFORMATION

OFFICE: ( )      HOME: ( )      CELL: ( )      FAX: ( )

SIGNATURE	PRINTED NAME	DATE
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#### 1SG OR READINESS NCO CONTACT INFORMATION

OFFICE: ( )      HOME: ( )      CELL: ( )      FAX: ( )

SIGNATURE	PRINTED NAME	DATE
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**FOR MORE INFORMATION VISIT:** <https://portal.drum.army.mil/division/g3/training/AIRASSAULT/Forms/AllItems.aspx>