

# CONTACT SHEET

STUDENT

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Student Phone: \_\_\_\_\_ Circle: Home/Cell

Student Email: \_\_\_\_\_

School \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Do You Attend a Church: Y or N (Circle)

If Yes, Which Church? \_\_\_\_\_

GUARDIAN

Parent/Guardian 1: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_ Circle :Home/Cell/Work

Parent/Guardian Email: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_ Circle: Home/Cell/Work

Parent/Guardian Email: \_\_\_\_\_

EMERGENCY

Emergency Phone: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

