



## Student Information Sheet

### Contact Information

Full Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
*Last First M.I.*

Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Cell: ( ) \_\_\_\_\_ Are you a member of Crossroads? Yes  No

### Student Details

*If being completed in summer, enter information for upcoming school year.*

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

School Grade:  
*Check one*

<input type="checkbox"/>	6	<input type="checkbox"/>	9
<input type="checkbox"/>	7	<input type="checkbox"/>	10
<input type="checkbox"/>	8	<input type="checkbox"/>	11
<input type="checkbox"/>		<input type="checkbox"/>	12

Interests/Hobbies:

### Parent Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Work Phone: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Cell: ( ) \_\_\_\_\_ Are you a member of Crossroads? Yes  No

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Work Phone: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Cell: ( ) \_\_\_\_\_ Are you a member of Crossroads? Yes  No