



Auburn Alliance Church Youth

Student Information Form

Personal Information

Full Name: _____
First *Last* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Home Phone: _____ Cell Phone: _____

What do people call you?

Email: _____

Birth Date: _____ Grade & School District: _____

Parent(s) Name: _____

Parent's Email: _____ Parent's Cell Phone: _____

Student's Interests/Favorites

Sport: _____ Hobby: _____

Food: _____ Color: _____

Best Movie: _____ Music: _____

Do you play an instrument? _____ How could you be involved? _____

Emergency Contact Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Primary Phone: _____ Alternate Phone: _____

Relationship: _____

Communication Methods

Please check the boxes below to give permission for the particular item.

I give permission for Auburn Alliance Church and the Youth leaders to...

Send out Text messages

Send out E-mails

Use Facebook/Social Media

Take Photos/ Video

*Full details of how we will use these methods of communication are on the letter enclosed.

Health Declaration

Any known allergies/disabilities/medical conditions:

In the event of an emergency it is vital we have contact details for your son/daughter.

Primary Care Physician _____ Phone _____

I agree that the information stated above is correct and that the information may be distributed to leaders whom it may concern.

Signed (parent/ guardian): _____ Date: _____

Printed Name (parent/ guardian): _____