

Student Information Form

Family History

Name: _____ Preferred _____ T-Shirt Size: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

E-mail: _____ Facebook? _____ Birthday: _____

Mother's Name: _____ Mother's Cell: (____) _____ Office # _____

Father's Name: _____ Father's Cell: (____) _____ Office# _____

Mother's email _____ Father's email _____

Siblings & Age: _____

Who do you live with? _____

Church History

Are you a Christian? _____ Date: _____

Are you a member @ East Brainerd? Yes No

Check the box below that describes you best in Sunday morning class attendance:

never sometimes often always

School History

What school do you attend? _____

Current school year / grade? _____ Graduation Year: _____

Extracurricular Activities: _____

Best Subject: _____ Honors / Awards: _____

Please list your favorite hobbies, past-times and things to do: _____
