



Office:
Date Rec. _____

Student Contact Form

Student Name _____ Birth Date _____

Mailing Address _____ City _____ Zip _____

Student Cell _____ Cell Provider _____

Grade (circle) 6 7 8 9 10 11 12 School _____

Home Phone _____ Gender _____

Parent/Guardian's Names _____

Mother's Phone _____ Father's Phone _____

Alternate Emergency Contact _____

Phone _____

List All Allergies _____

Special Needs _____

Throughout the year we will need to contact parents AND students through e-mail. Please PRINT information carefully and clearly distinguish between letters and numbers.

Parent email _____

Student email _____

FPCL Youth Ministry values one on one connection with students. Advisors will need either written or verbal permission to do so. Parents will be contacted before an advisor meets with a student. Please **initial** to indicate you have read and understood this policy. _____

FPCL Youth Ministry requests permission for your student to be photographed or video recorded. These may appear on printed material or the church's website.

I **Agree / DO NOT agree** (circle one) to have my student's photo/video used as indicated above. Please **initial** here after making your choice. _____