

## Foundation Student Ministries

Student Full Name

Name they would like to be called

Student's Grade & Birthdate (MM/DD/YY)

Parent or Guardian Name

Home Address

Alternate Name/Address (who else needs this info)

Mother Cell #

Father Cell #

Student Cell #

Do you receive text messages? ☐ Dad ☐ Mom ☐ Student

Parent/Guardian Email Address

Alternate Email Address

Student Email Address

Extracurricular Activities your student is involved in and where

Preferred method of contact? ☐ Mail ☐ Email ☐ Text ☐ Phone

Can check more than one

How would you prefer to get the newsletter? ☐ Email ☐ U.S. Mail ☐ Carrier Pigeon