



# Broadway Youth Ministry

## Student Data Form

**GENDER** \_\_\_\_\_ **BAPTIZED?** \_\_\_\_\_ **WHEN?** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Male or Female Yes, No, Thinking About It

**NAME** \_\_\_\_\_ **BIRTH** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First Middle Preferred

**ADDRESS** \_\_\_\_\_  
Number & Street Apt. # City State Zip

**PHONE** (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home Cell/Beeper My Line

**WORKPLACE** \_\_\_\_\_ **E-MAIL** \_\_\_\_\_

**SCHOOL** \_\_\_\_\_ **GRADE** \_\_\_\_\_ **LUNCH** \_\_\_\_\_

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**I LIVE WITH** \_\_\_\_\_ **EMERGENCY** \_\_\_\_\_  
Both Parents, Mom, Dad, Other? Name Phone

**PRIMARY GUARDIAN NAME** \_\_\_\_\_  
Last First Relationship

**ADDRESS** \_\_\_\_\_  
Number & Street Apt. # City State Zip

**PHONE** (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home Cell/Beeper Work

**WORKPLACE** \_\_\_\_\_ **E-MAIL** \_\_\_\_\_

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**ORGANIZATIONS** \_\_\_\_\_

**SCHOOL ACTIVITIES** \_\_\_\_\_

**SPIRITUAL GIFTS** \_\_\_\_\_

**SPORTS/HOBBIES** \_\_\_\_\_