

SOCLC New Student Information Form:

Class: _____ **High School:** _____

Semester: () Fall () Spring **Year:** _____

Full Name: _____

Grade: _____

Age: _____

Gender: _____

Mailing Address: _____

Physical Address: _____

Phone# _____

Email: _____

Best way to contact you? _____

1 - Parent/Guardian's Name: _____

Email: _____

Phone# _____

Best way to contact your parent/guardian? _____

2 - Parent/Guardian's Name: _____

Email: _____

Phone# _____

Best way to contact your parent/guardian? _____

Medical Issues/Allergies that we need to be aware of? _____

Extra Curricular Activities you participate in? _____

Church you attend? _____

Pastor/Youth Pastor's Name: _____

May we add the above email addresses to our email updates list? () Yes () No