

SWITCHBACK STUDENT INFO SHEET

Student Name _____ Date of Birth _____

Address _____

Phone Number _____ Cell Phone _____

Email Address _____

School _____ Graduation Year _____

What time do you eat lunch each day? _____

Activities or Sports involved in: _____

Father's Name _____ Step-Fathers Name _____

Mother's Name _____ Step-Mothers Name _____

Whom do you live with? _____

Parent's Email Address _____

What are your interests? _____

What do wish to participate in with the student ministry? (Check all that apply)

Activiites Retreats Conferences Bible Studiies

Service Team Leadership Small Groups School Cell

Missions Team Outreaches Worship Band Internship

**"MAKE ME KNOW YOUR WAYS, O LORD; TEACH ME YOUR PATHS. LEAD ME IN YOUR TRUTH AND
TEACH ME. FOR YOU ARE THE GOD OF MY SALVATION. FOR YOU I WAIT ALL THE DAY."**

PSALM 25:4-5