

Student Connection Sheet

Name: _____ Phone: _____

Birthday: _____ Age: _____

School: _____ Grade: _____

Address: _____

Best way to contact:

Activities involved in:

Passions/talents:

Fun Fact:

Allergies (if any):

Parent(s): _____ Phone: _____

Phone: _____

Email: _____

Email: _____

(Please give any other additional information at the bottom or on the back!)