

# BREAKTHRU STUDENT PROFILE WORKSHEET



Today's Date \_\_\_\_\_

## PERSONAL INFORMATION

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Preferred name or nickname \_\_\_\_\_ Birthday \_\_\_\_\_

School \_\_\_\_\_ Graduation year \_\_\_\_\_  Male  Female

Current church \_\_\_\_\_ Member  Yes  No

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Student Phone \_\_\_\_\_ Student Email \_\_\_\_\_

Instagram \_\_\_\_\_ Twitter \_\_\_\_\_

## FAMILY INFORMATION

Father's name \_\_\_\_\_ phone \_\_\_\_\_ email \_\_\_\_\_

Mother's name \_\_\_\_\_ phone \_\_\_\_\_ email \_\_\_\_\_

Other caregivers (relationship) \_\_\_\_\_ phone/email \_\_\_\_\_

Who do you live with most of the time? \_\_\_\_\_

Who should we contact about ministry events, updates, and schedule changes? \_\_\_\_\_

Do parents attend FCN?  Yes  No      Do parents attend an adult education class  Yes  No

If yes, which one (Sunday School class or Community Group) \_\_\_\_\_

Brothers/Sisters:      Name \_\_\_\_\_ Age/Grade \_\_\_\_\_

                                         Name \_\_\_\_\_ Age/Grade \_\_\_\_\_

                                         Name \_\_\_\_\_ Age/Grade \_\_\_\_\_

                                         Name \_\_\_\_\_ Age/Grade \_\_\_\_\_

**INTERESTS check all that apply**

Sports:     Basketball     Baseball     Football     Soccer     Volleyball     Hockey  
 Golf     Broomball     Snow skiing     Water skiing     Tennis     Swimming  
 Gymnastics     Other \_\_\_\_\_

Music:     Likes to sing     Instruments \_\_\_\_\_

Hobbies:     Drama     Computer     Reading     Other \_\_\_\_\_

School activities: \_\_\_\_\_

**OTHER CONTACT INFORMATION**

Secondary Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency contact (parent or guardian) \_\_\_\_\_ Phone \_\_\_\_\_

Emergency contact (non-parent or guardian) \_\_\_\_\_ Phone \_\_\_\_\_

**PRIMARY GUARDIAN**

Last \_\_\_\_\_ First \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

**SECONDARY GUARDIAN**

Last \_\_\_\_\_ First \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_