

Dads On Point



Making A Connection

www.Dadonpoint.org

YOUTH LIFE IMPACT Student Application

Name _____

Grade Level _____ *Homeroom Teacher* _____

Address _____
Street City State Zip

Date of Birth _____

Parent/Guardian(s) _____

Contact Numbers _____

(Home)

(Cell Phone)

Parent/Guardian(s) _____

Contact Numbers _____

(Home)

(Cell Phone)

Parent/Guardian(s) _____

Contact Numbers _____

(Home)

(Cell Phone)

Student's Hobbies, Interests, Skills

Person to contact in case of emergency

Relationship to student

Phone Number

Parent Agreement:

By submitting this application, I

Student's Signature

Print:

Date

Parent Signature

Date
