



STUDENT INTAKE FORM

Thank you for your interest in participating in the programs of the Bridge Impact Center Eastside, OKC! All the information you provide in this document will be kept confidential and will not be shared with any other program members. Please fill out as completely as possible!

Basic Information

First and Last Name: _____ Gender _____

Address: _____ City: _____

Zip: _____ Phone Number: _____

Birthday (Day, Month, Year) _____/_____/_____

Grade _____ School _____

Home and Family Information

How many adults do you live with? _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

How many brothers and sisters do you have? _____

What order are you in? (Oldest, middle child, youngest?) _____

Sometimes I stay with... (List any adults you have stayed with in the past year)

The person in my life I trust the most is: _____

Emergency Contact Name _____ Relationship to Student _____

Emergency Contact Phone Number _____

School Information

What is your favorite subject in school? _____

Least favorite subject? _____

Who is your favorite teacher and why? _____

General Interests

Favorite book? _____

Favorite band, artist, or type of music? _____

Favorite movie or movie genre? _____

What is one place you would like to visit someday? _____

Who is someone (famous or not) that you would like to meet? _____

About Me

I feel that I am really good at _____

I want to get better at _____

When I grow up, I want to become a _____

Why? _____

A career I want to learn more about is _____

My friends would describe me as _____

Things or people that make me sad are _____

Things or people that make me angry are _____

Things or people that make me happy _____

When I'm on the computer I'm usually _____

I really look up to _____

Why? _____

I want to be remembered for _____

Is there anything else you would like to share? _____