



CULTIVATING MINDS OF BRILLIANCE EMERGING LEADERS (B.A.S.I.S.) INTAKE FORM



First Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Last Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Gender: Male/Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Language: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Eye color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Birth City: \_\_\_\_\_ State: \_\_\_\_\_ Birth County: \_\_\_\_\_

Living Address: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

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

Youth Home Phone: \_\_\_\_\_

Youth Cell Phone: \_\_\_\_\_

Other: \_\_\_\_\_

Youth Email: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Any Alerts/Allergies? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian

\_\_\_\_\_

Date



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### Family Information

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Relationship: \_\_\_\_\_ Sex: Male / Female

Ethnicity: \_\_\_\_\_ Race: \_\_\_\_\_

Lives with youth / guardian / other

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Relationship: \_\_\_\_\_ Sex: Male / Female

Ethnicity: \_\_\_\_\_ Race: \_\_\_\_\_

Lives with youth / guardian / other

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Family/sibling info. : \_\_\_\_\_

\_\_\_\_\_