

C.B.S.F.E., Inc.
Student Adoption Program
Enrollment Form

Name _____

Home Address _____

City _____ State _____ Zip _____

Phone (____) _____ Email address _____

Birthday _____

College/University _____

School Address _____

City _____ State _____ Zip _____

Phone (____) _____

Parents/Guardians Name(s) _____

Address _____ City _____

State _____ Zip _____ Phone (____) _____

College Major/Minor _____

Year in school in Fall _____

Year of planned graduation from College _____

Tell us a little about you _____

Church _____ Pastor _____

Awards/Scholarships _____

Special Activities/ Memberships _____

Hobbies/ Special Interests _____

Career Plans _____
