

# STJ Student Leadership Academy

## Leadership Academy Sign-Up Information Sheet

( PLEASE PRINT )

Student's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Parent's Email Address: \_\_\_\_\_

Student's Current Grade Level: \_\_\_\_\_

Student's Cell Number: \_\_\_\_\_

Student's Email Address: \_\_\_\_\_

**Please Acknowledge and Agree That:** Upon accepting this invitation to become part of the Student Leadership Academy that I will commit myself, to the very best of my ability to completing all ( 3 ) phases of the program, and that I pledge to fully become part of St. Jude Student Ministry's Leadership Team. I further agree and commit to planning and participating in future events, and service and mission centered endeavors.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_