

CB SB

ACCEPTANCE
Date _____

PARENT/YOUTH INQUIRY RECORD

Date of Inquiry _____

Child's Name _____

Ethnicity _____ Gender _____ DOB _____

Address _____ Zip _____

Home Phone _____ Cell _____ Email _____

Custodial Adult _____ Relationship _____

Living Situation: One Parent _____ Two Parent _____ Female _____ Male _____ Other _____

Military Parent _____ Incarcerated Parent _____

Child's School _____ Grade _____ Teacher _____

Counselor Name _____ Agency _____

Free/Reduced Lunch _____

- Referred by
- TV Radio Website Special Event Always known Self
 - High School Partner College Partner Corporate Partner
 - Billboard Presentation Newspaper
 - Faith Organization Service Organization BBBS National Site
 - Other _____

Does your child have other siblings who could benefit from having a Big Brother or Big Sister?

Staff Taking Inquiry _____

Comments: _____
