

# AFTERSHOCK YOUTH

## STUDENT INFO SHEET

NAME: \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_

PHONE #: \_\_\_\_\_ GRADE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

PARENT(S) NAME: \_\_\_\_\_

PARENT(S) PHONE: \_\_\_\_\_

PARENT(S) EMAIL: \_\_\_\_\_

FAVORITE FOOD: \_\_\_\_\_

FAVORITE DRINK: \_\_\_\_\_

DESCRIBE YOUR RELATIONSHIP WITH JESUS IN ONE SENTENCE:

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WHAT'S SOMETHING OUR LEADERS CAN BE PRAYING ABOUT FOR YOU?

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