

AFTERSHOCK YOUTH

STUDENT INFO SHEET

NAME: _____ BIRTHDAY: _____

PHONE #: _____

HOME ADDRESS: _____

SCHOOL: _____ GRADE: _____

PARENT(S) NAME: _____

PARENT(S) PHONE: _____

PARENT(S) EMAIL: _____

SOCIAL NETWORKS:

INSTAGRAM: _____

SNAPCHAT: _____

PREFERRED MODE OF CONTACT FOR INFO(TXT, DM'S, ETC.): _____

FAVORITE FOOD: _____

FAVORITE DRINK: _____

A MOVIE WE SHOULD DISCUSS FOR "AT THE MOVIES": _____

ONE THING YOU'D LIKE TO SEE IN THE CAVE: _____

A TOPIC WE SHOULD TALK ABOUT THIS YEAR: _____

WHEN I'M BORED I LIKE TO: _____

WHAT SPORTS OR CLUBS ARE YOU IN AT SCHOOL: _____

DESCRIBE YOUR RELATIONSHIP WITH JESUS IN ONE SENTENCE:

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