

# STUDENT INFO CARD

Name: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Grade: 6 7 8 9 10 11 12  
(CIRCLE ONE)

E-mail address: \_\_\_\_\_

Phone: \_\_\_\_\_ Can you receive text messages? \_\_\_\_\_

What (if any) church do you attend? \_\_\_\_\_

How often do you attend this church?  Weekly  Monthly  Occasionally

What is the name of your youth pastor/or leader? \_\_\_\_\_

Write your response to these questions: *"If you were to die today, do you know for sure that you would go to heaven?"*  I know for sure  I'm not sure  I don't think so  
*If God were to ask you why He should let you into heaven, what would you say?*

Do you have anything you'd like us to pray about? If so, write your prayer request on the back and we will pray for you!

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