

STUDENT INFO CARD

Name: _____ Date: _____

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

Address: _____

City: _____ Zip Code: _____

E-mail address: _____ Phone: _____

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? _____

What is your response to the question: *“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

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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