

Saint Andrew Lutheran Church
2011-12 Student Information Form

Personal Information

Name: _____ Date of Birth: _____
Home Phone: _____ Cell Phone: _____
School: _____ Grade: 7 8 9 10 11 12

Occasionally we send information via text message. Do you we have your permission to send you text updates? YES NO

Family Information

Parent/Guardian Name: _____
Relationship: _____
Whom do you live with? _____

Do parents/guardians attend St. Andrew? YES NO

Siblings:

Name _____ Grade _____
Name _____ Grade _____
Name _____ Grade _____
Name _____ Grade _____

Interests

Sports

Basketball Baseball Football Volleyball Soccer Hockey Gymnastics Dance
Field Hockey Lacrosse Golf Swimming Water Skiing Snow Skiing

Other: _____

Music

Sing Instrument(s)

Hobbies and Interests

Drama Computer Reading Photography Art

Other: _____

School Activities (list)

Students: Tell us...what does a great youth ministry program look like?