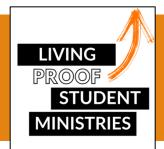
## Information



Student First & Last Name:		Birthday:
Student Cell #:		T-Shirt Size (Adult):
Student Email Address:		
		HS Graduation Year:
Extra-Curricular Activities:		
What social media platforms do you h	ave? (Circle ANY that apply.)	
TIKTOK	SNAPCHAT INSTAGRAM	M FACEBOOK TWITTER
PERSONAL BLOG	MY OWN YOUTUBE CHANNEL	OTHER
And what's your username(s) or handl	le(s)?	
List a few of your favorite things:		
		>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>
Parent/ Guardian First & Last Name: _		Cell Phone #:
Other Parent/ Guardian First & Last N	ame:	Cell Phone #:
Relation to Student:	Email Address:	
Home Address:		
City:		State: Zip:
POLL: Best way to inform you of LPSM	details? (Circle any.) EMAIL	/ TEXT / BAND APP POST / BAND APP CHAT / FB
Is your family a member of SCBC?	YES NO	
If NO, please list what church	your family is a member of or	attends regularly, if applicable:
What are the ages of any other children	en and teens in your home?	

## Parent Questionnaire



Parent,	/ Guardian Name: Student(s) Name(s):			
1.	The best part of parenting a teenager is?			
2.	The hardest thing about parenting a teenager is?			
3.	This year, what are you hoping your teen(s) gets out of their student ministry experience the most?			
4.	Does your teen(s) have their own physical Bible? YES / NO			
5.	What is one or two topics that might be difficult (or not) for you to talk to your teen(s) about that you would like			
	me to teach on using God's Word as my guide?			
6.	What topics would NEVER want me to talk to your teen(s) about, even using the Bible as my guide?			
	Our church could help you as a parent by?			
/.	Our church could help you as a parent by:			
	What specific prayer requests do you have for your teen(s) that I and their SGL can be partnering with you to			
0.	pray about?			
	pray about:			