

## High School Student Information

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Student Email \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Permission to receive texts Yes No

*(Note: youth will not be sent any email or text that is not also sent to at least one other adult.)*

Date of Birth \_\_\_\_\_

School Student Attends \_\_\_\_\_ Grade \_\_\_\_\_

Medical Conditions, Allergies, or Dietary Restrictions \_\_\_\_\_

### Parent Information

Mother's Name \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Email \_\_\_\_\_

Father's Name \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Email \_\_\_\_\_

**Parents:** Please check any of the following statements that apply to you. Thank you for your assistance.

- I would be willing to provide snacks for Sunday morning.
- I would be willing to provide transportation for youth events.
- I would be willing to chaperone or assist at an event.

**Parents:** Photos and videos may be taken of your youth while participating in St. John group activities and may appear in church publications, the church website, social media, and/or group participants.

- I give my permission.
- I do NOT give permission.

\_\_\_\_\_  
Parent Signature

**Is there anything else that would be helpful for Pastor Elise or other youth leaders to know as we help your youth follow Jesus?**