

Parent Name: _____

Student's Name: _____

What Grade is your student in?

Circle One: 7th 8th 9th 10th 11th 12th

1. In what areas would you like to see your child mature?

2. What do you perceive to be your child's **STRENGTHS** and **WEAKNESSES**?

3. What questions do you have concerning High-Life, Sunday School, and small groups?

4. What are the special needs of your student and how can High-Life come along side you?

Please circle any areas where you are interested in serving.

Sr. High Life

Sr. HL Snacks

Sr. High Retreat

Sr. High Small Group

Jr. High Life

Jr. HL Dinners

Jr. High Retreat

Jr High Bible Study

Cooking

Special Events

Baby Sitting

Teaching

Administrative/office

Event set up / clean up