

**Student Prayer Partner Form**

Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Age \_\_\_\_\_ Birthday \_\_\_\_\_ Mailing Address \_\_\_\_\_

**Favorites:**

Food \_\_\_\_\_ Snack Food \_\_\_\_\_ Candy Bar \_\_\_\_\_

Movie \_\_\_\_\_ TV Show \_\_\_\_\_ Book \_\_\_\_\_

School Subject \_\_\_\_\_ Sport \_\_\_\_\_ Hobby \_\_\_\_\_

**Do You Have Any Brothers/Sisters? What Are Their Names and Ages?**

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Who Do You Live With? \_\_\_\_\_

Do You Have a Hero? \_\_\_\_\_

**Circle All That Apply to You:**

Happy Kind Funny Keep to Myself Rebel Follow the rules Outgoing Like to Sing

Play an Instrument Hard on Myself Perfectionist Have a Boyfriend Have a Girlfriend Like Sports

I'm the Oldest Child I'm the Middle Child I'm the Youngest Child I'm the Only Child

Get Along with Parents Like a Challenge Risk-Taker Have a Lot of Friends Have a Few Friends

Have a Job Like to Be Outside Don't Like My Home Life People-Pleaser Don't Care What Others Think

**How Often Do You Go to Church? Circle All That Apply:**

Sunday School 10am Worship Change Agents illumina8 Almost Never

**Do You Consider Yourself a Christian?** Yes or No

If You Could Change One Thing About Your Life, What Would It Be?

\_\_\_\_\_

Biggest Fear? \_\_\_\_\_

Favorite Memory? \_\_\_\_\_