

## Next Steps

Name: \_\_\_\_\_

Current Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Parent Phone #: \_\_\_\_\_

Student Cell #: \_\_\_\_\_

Student E-mail: \_\_\_\_\_

Parent E-mail: \_\_\_\_\_

1) Top three most spiritually influential people in your life?

2) Who are 5 friends that you would like to be a part of this group?

3) How has your relationship with Christ been the last 6 months?

If there is no Home Group or Life Group available we will give you other options on how you can continue to grow in your faith