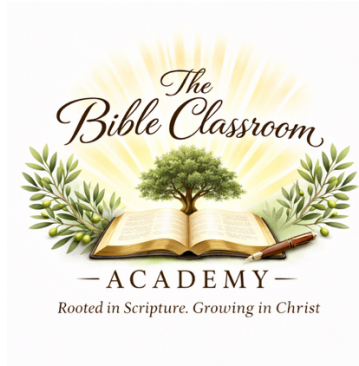


The Bible Classroom Academy - Student Information Form



Student Information

Full Name: _____

Age: _____

Date of Birth: _____

Mailing Address:

Email Address: _____

Phone Number: _____

Faith Background

Religion or Faith Background:

Are you a new believer?

- Yes
- No
- I am still learning about Jesus

Do you currently attend church?

- Yes
- No
- Sometimes

Learning Goals

What do you want to learn from The Bible Classroom Academy?

What Bible topics interest you the most? (CHECK ALL THAT APPLY)

- Salvation
- Prayer
- Discipleship
- Bible Study Methods
- The Holy Spirit
- Spiritual Growth
- End Times
- Christian Living

Evangelism

Other: _____

Student Needs

Do you prefer lessons that are:

- Beginner level
- Intermediate level
- Advanced level
- I am not sure yet

How did you hear about The Bible Classroom Academy?

- Facebook
- TikTok
- YouTube
- Website
- Friend or Family
- Other: _____

Prayer Request

How can Stephanie Smith with The Bible Classroom Academy pray for you?

Student Agreement

I understand that The Bible Classroom Academy is a place to learn, grow, study Scripture, and be encouraged in my walk with Jesus.

Student Signature: _____

Date: _____

www.TheBibleClassroomAcademy.com

