

# FAMILY AND SPIRITUAL LIFE FORM

Child's Name: \_\_\_\_\_

## Family Information

FATHER
Name: _____
Occupation: _____

MOTHER
Name: _____
Occupation: _____

**Parent's Marital Status:**     Married     Divorced     Separated     Single     Widow

If divorced, who has legal custody of the student? \_\_\_\_\_

**Student lives with:** *check all that apply*

Mother     Father     Step-Mother     Step-Father     Other: \_\_\_\_\_

STEP-FATHER
Name: _____
Occupation: _____

STEP-MOTHER
Name: _____
Occupation: _____

## Spiritual Life Information

*Please circle  
YES OR NO*

YES    NO    Are you involved in the activities of a church?     Frequently     Sometimes     Infrequently

YES    NO    Church Membership? If yes, where: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

YES    NO    Is your child Baptized?    If yes, when? \_\_\_\_\_

YES    NO    Does your child attend Sunday School?

YES    NO    Do you pray with your child? If yes, what prayers? \_\_\_\_\_

YES    NO    Do you have family devotions?

YES    NO    Does your child express any specific fears? If yes, what are they? \_\_\_\_\_

YES    NO    Does your child ask about God or speak about Him?

If you were to explain to your child how to get to heaven, what would you say?

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How can our school or First Lutheran Church help in the spiritual growth of your child, you, or others in your family?

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