



## Veritas Discipleship Groups (D-Groups)

I give my son/daughter, \_\_\_\_\_, permission to participate in the Veritas (Senior High Ministry of Foothills Bible Church) D- Groups. I understand the adult leader of the group, my student, other students in the group and I (if necessary) will be coordinating when, where and how often the group will meet.

Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Home or Cell Number (Please circle one): \_\_\_\_\_

Date: \_\_\_\_\_

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

Group Leader's Name: \_\_\_\_\_

Leader's Signature: \_\_\_\_\_

Home or Cell Number (Please circle one): \_\_\_\_\_

Date: \_\_\_\_\_

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

Other Members of the group include:

Name \_\_\_\_\_

Home or Cell Number: \_\_\_\_\_

Grade/Age: \_\_\_\_\_

Name \_\_\_\_\_

Home or Cell Number: \_\_\_\_\_

Grade/Age: \_\_\_\_\_

Name \_\_\_\_\_

Home or Cell Number: \_\_\_\_\_

Grade/Age: \_\_\_\_\_

Name \_\_\_\_\_

Home or Cell Number: \_\_\_\_\_

Grade/Age: \_\_\_\_\_