

**First Methodist Church  
Graduate Survey**

Name \_\_\_\_\_

School/College attended \_\_\_\_\_

Parents' Names \_\_\_\_\_

High School Activities \_\_\_\_\_

\_\_\_\_\_

Church Activities \_\_\_\_\_

\_\_\_\_\_

Plans after graduation \_\_\_\_\_

*Will you be in worship on Sunday, June 1 at 10:00 a.m. for the graduate recognition?* \_\_\_\_\_

Please complete and return to the church office by May 23.