

Parent Questionnaire - Grades K4-twelfth

Applicant's Legal Last Name _____ First Name _____ Middle Name _____ Name Preferred _____

Age: _____ Date of Birth: ____/____/____ Gender _____ Applying for Grade: _____ Fall/Spring, 20 _____

Home Phone: _____

PARENTS: Please complete the following questions regarding the applicant.

1. Please list the applicant's hobbies and interests.

2. Please list awards or recognition the applicant has received for school, church, or extracurricular activities.

3. Please list the applicant's extracurricular involvement.

4. Is the applicant currently taking prescription medication? Yes No

Type of medication: _____

Condition for which medication is being taken: _____

5. Please indicate the applicant's general state of health: Excellent Good Fair Poor

6. Please list the applicant's particular strengths and weaknesses.

Strengths: _____

Weaknesses: _____

7. Do any of the apply to the applicant?

YES NO

	YES	NO
Missed more than 8 days of school in a year?		
Suspended, expelled, or asked to withdraw from any school?		
Used an illegal drug/substance or alcohol?		
Referred for or received professional, psychological, or personal counseling?		
Attended summer school or received tutoring due to academic difficulties?		
Held back a grade?		
Diagnosed with a learning disability or ADHD?		
Ever had an IEP?		
Arrested or charged with illegal activity?		

If "Yes" was answered to any of the above questions, please attach a separate sheet giving an explanation.

Mother's Signature _____ Date _____

Father's Signature _____ Date _____