Achiever CHRISTIAN SCHOOL

Elevating Life Since 1971
by Helping Student Achieve Their God-Given Potential

Applicant's name _____

Applying to grade _____ for Aug. _____ (year)

Application deadline: _____

MIDDLE SCHOOL PARENT QUESTIONNAIRE

Name of Parent or Guardian _____

Relationship to Applicant _____

Please share your thoughts on the following questions. If more than one family is parenting the applicant, we would like each to fill out a questionnaire. If you need more space, please attach an extra sheet. Please make additional copies of this form if necessary.

1. Describe your child including his/her strengths and weaknesses as well as relevant information about his/her relationship with siblings and peers.

2. How does your child express his/her creativity?

3. Describe something about your child that makes him/her unique.

4. What are your major concerns about your child's education during the next few years?

5. Describe any special circumstances we should be aware of that might affect your child's performance in school.

6. Please list specific interests, talents, or volunteer experiences you can bring to the school community.

7. Does your child want to come to Achiever? Why or Why not?

8. If you are applying to other schools on behalf of your child, which ones?

9. In the space below, please give any additional information which you feel will be helpful.