

C. PARENT QUESTIONNAIRE: (Attach additional sheets if necessary)

Why do you want to send your child to Grace Christian School?

What are your child's greatest strengths?

What are your child's greatest needs in the following areas?

Spiritual _____

Behavioral _____

Social _____

Emotional _____

Has your child experienced any behavioral, academic, physical, or emotional challenges that require special services from a therapist, psychologist, medical doctor, or other specialist? If yes, please explain.

Is your child currently diagnosed with any learning or health condition? If yes, please explain.

What church do you and your child(ren) family attend? _____

Do you attend regularly, at least twice per month? _____

D. STUDENT QUESTIONNAIRE (Grades 5-12): To be completed by the student

Have you used drugs, alcoholic beverages, or used tobacco within the last 12 months? If yes, please explain.

What are your favorite subjects? _____

What subjects will you need the most help with? _____

Why do you feel you should be accepted as a student at Grace Christian School? _____

Whose idea was it for you to attend Grace Christian School? _____

What one thing do you wish to avoid at GCS that you were unable to avoid in your last school? _____

E. AFFIRMATION: I hereby affirm that all of the information contained in this application is true and accurate to the best of my knowledge. I understand that providing any false information would be sufficient reason for the rejection of this application or suspension when found out.

Student Signature (Grades 5-12) _____ Date _____

Signature of Father/Guardian _____ Date _____

Signature of Mother/Guardian _____ Date _____