

## Parent Questionnaire

Applicant's Name \_\_\_\_\_

Name of person completing this questionnaire \_\_\_\_\_

Relationship to student \_\_\_\_\_

The following questions will give us a better understanding of your child. Please answer these questions as frankly and honestly as you can so that together we can make a good decision about your child enrolling at Wesleyan Christian School.

Regarding care of clothes, room, books, etc./ my child generally \_\_\_\_\_ is tidy \_\_\_\_\_ needs reminding  
\_\_\_\_\_ is careless.

What household chores does he/she do regularly? \_\_\_\_\_

What is your teenager's curfew? School night's \_\_\_\_\_ Weekend night's \_\_\_\_\_

How much spending money does your child receive each week? \_\_\_\_\_

Are his/her friends generally older, younger, or the same age? \_\_\_\_\_

Are his/her friends drawn mostly from the church, school, or somewhere else? \_\_\_\_\_

Do the closest friends come from homes with standards similar to yours? \_\_\_\_\_

How many times during the past year has your child had a boyfriend/girlfriend? \_\_\_\_\_

How would you describe your child's peer relationships? \_\_\_\_\_

How does your child respond to authority at home? And other places? \_\_\_\_\_

How many times has he/she changed schools since the first grade? Explain the circumstances: \_\_\_\_\_

To what significant changes has he/she had to adjust? (i.e., death, divorce, major accident, illness, frequent moves) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If your child is adopted, what was his/her age of adoption? \_\_\_\_\_

If he/she has been without one or both parents, at what age did this occur? \_\_\_\_\_

Please explain. \_\_\_\_\_

If your child is presently living with a step-parent, how long has he/she been with this person? Describe the relationship. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any brothers and/or sisters with ages (please indicate if these are living at home): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If your child has a parent who does not live with him/her, please describe the relationship that your child has with that parent. \_\_\_\_\_

\_\_\_\_\_

What have been your child's best grades? (What classes and when) \_\_\_\_\_

\_\_\_\_\_

Do you believe that your child has lived up to his/her academic potential? \_\_\_\_\_

If your child's grades have dropped, to what do you attribute it? \_\_\_\_\_

\_\_\_\_\_

Has your child ever participated in counseling or mental health treatment? \_\_\_ Yes \_\_\_ No

If so, please explain; list any outpatient counseling, inpatient evaluations or psychiatric hospitalizations.

\_\_\_\_\_

\_\_\_\_\_

Please describe any special circumstances regarding your child including all suspensions, expulsions, court orders, legal involvement, major surgeries, physical disorders, hospitalizations, out-of-home placements or any other information that will help us understand your child's needs. \_\_\_\_\_

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Has your child received any specialized education services? If so, please describe. \_\_\_\_\_

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Has your child been involved with tobacco, alcohol, or other drug use?  Yes  No

If so, please describe. \_\_\_\_\_

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Why do you want your child to attend Wesleyan Christian School? \_\_\_\_\_

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On what websites does your child have personal profiles or blogs posted (please provide website addresses)? \_\_\_\_\_

We/I have read the Wesleyan Christian School Handbook, will support the policies of the school as expressed in the handbook, and encourage our/my child to live in accordance with the policies of the school.

W/I have requested academic and behavioral records to be forwarded to Wesleyan Christian School.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

