



## PARENT QUESTIONNAIRE

Date \_\_\_\_\_

Student's full name: \_\_\_\_\_  
Last First Middle

Briefly state your reason for changing schools and wanting your child enrolled in Hosanna Christian School.

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How, or from whom did you hear about Hosanna Christian School? \_\_\_\_\_

Has the student had any scholastic difficulties in school?  Yes  No

If applicable, include any information about having to repeat any grades, academic expulsions, etc.:

Has the student had any disciplinary difficulty in school?  Yes  No. If yes, explain: \_\_\_\_\_

Has the student ever been suspended or expelled from school for disciplinary reasons?  Yes  No. If yes, explain: \_\_\_\_\_

Has the student had any involvement with drugs, smoking, or alcoholic beverages?  Yes  No. If yes, explain: \_\_\_\_\_

Has the student ever been absent for a long period of time?  Yes  No. If yes, explain: \_\_\_\_\_

Does the student have any physical, emotional, or other problems that may affect attendance or behavior?

Yes  No. If yes, explain: \_\_\_\_\_

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Please state student's special interest, skills or hobbies: \_\_\_\_\_

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(continue on back side)



Is it likely that the student will attend our school for a full year?

Yes  No

Do you the Parent(s) attend church?

Regularly  Occasionally  Never

Does the student attend church?

Regularly  Occasionally  Never

Does the student attend Sunday School/Children's Church?

Regularly  Occasionally  Never

Is the student accustomed to daily prayer and Bible reading in the home?

Yes  No

In what organizations, besides Sunday School/Children's Church, is the student engaged? \_\_\_\_\_

\_\_\_\_\_

Please use this space to write a paragraph about your personal relationship to God:

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