

PINES CHRISTIAN ACADEMY

Parent Questionnaire

The following information is needed for the school records and provides information to help us understand the student's needs. This information will *not* determine enrollment. By drawing a line through the space or writing "none" in any space not relating to you, we will know you have not omitted anything.

Student's full name _____

State briefly your reason for changing schools and wanting your child enrolled in Pines Academy. _____

How or where did you hear about our school? _____

Has the child had any difficulties in school? Yes____ No____ If applicable, please give further information.

Has the student had any disciplinary problems in school? Yes____ No____ If so, please explain.

Was the student ever suspended or expelled from school for disciplinary reasons? Yes____ No____ If so, please explain. _____

Has the student had any involvement with drugs, smoking, or alcoholic beverages? Yes____ No____ If so, please explain. _____

Has the student ever been absent for a long period of time? Yes____ No____ If so, please explain.

Does the student have any physical, emotional or other problems that may affect school attendance or behavior? Yes____ No____ If so, please explain. _____

Please state the child's special interests, skills or hobbies. _____

As the parents of _____ I have read the rules of Pines Academy and will help him/her to be obedient to the rules.

_____ Dated ____/____/_____

Signature of Parent or Guardian