

PINES CHRISTIAN ACADEMY

Student Questionnaire

To be filled out by the student applicant personally.

This form is for information only, and will not be used to determine enrollment.

Full Name _____ Nickname _____

Address _____ City _____ Zip _____

Age _____ Date of Birth ___/___/____ Applying for Grade _____

What aroused your interest in Pines Christian Academy? _____

Is it your personal desire to attend Pines Christian Academy? _____

If you have friends who attend Pines Christian Academy, please list up to four. _____

Do you attend church? Yes ___ No ___ Where? _____

Do your closest friends attend regularly? _____

What are some of your interests or favorite activities? _____

Have you held any offices at school or church? If so, what? _____

Have you won any awards or received any special recognition for other accomplishments? If so, what? _____

What are your favorite subjects in school? _____

Are there any subjects in school that you do not like? _____

Have you ever been suspended or expelled from school? If so, please explain _____

Student Questionnaire (page 2)

Have you ever for any reason been in trouble with school authorities or with the law? If so, please explain.

Have you ever had difficulty with teachers or fellow students in a previous school? If so, please explain.

Are you willing to abide by the rules of Pines Christian Academy? _____

What is your definition of a Christian? _____

Are you a Christian? If so, when and how did you become one? _____

Please write a brief statement as to what you believe about the Bible and the Christian faith. _____

Student Signature _____

Dated ____ / ____ / ____