



# FAITH CHRISTIAN SCHOOL

## STUDENT QUESTIONNAIRE GRADES 6-12

To be filled out by the student in his or her own handwriting.

Print Full Name \_\_\_\_\_

Birthdate: \_\_\_\_\_ Grade applying for: \_\_\_\_\_

Have you ever-used: Tobacco? Yes \_\_\_ No \_\_\_      Drugs? Yes \_\_\_ No \_\_\_      Alcoholic Beverages? Yes \_\_\_ No \_\_\_

If there is a "yes" answer, please explain

\_\_\_\_\_

Describe your church attendance:

\_\_\_ Weekly (4 or more x per mo.) \_\_\_ Frequently (2-3 x per mo.) \_\_\_ Infrequently (once a month or less)

Do you attend a youth group regularly? Yes \_\_\_ Where? \_\_\_\_\_

No \_\_\_ Why? \_\_\_\_\_

What do you do to grow in your relationship with the Lord on a daily basis?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your spiritual goals for the coming school year?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you want to be a student at Faith Christian School? Yes \_\_\_ No \_\_\_

Will you faithfully abide by and uphold the following expectations set by the school administration?

(New Enrollment and 6th grade) Is Jesus your Lord & Savior? \_\_\_\_\_

If yes, please explain when you committed your life to him

\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_