Student Questionnaire
9-12

The following questions are to be answered by the applying student in his/her own handwriting. If more space is needed, please use additional paper and submit with this questionnaire.

Name: _____ Grade Entering: _____

Date of Birth: _____ /_____ /_____ Age: _____ Gender: _____

Former School: _____

Address: _____

To the best of my knowledge I am (mark each answer that applies):

☐ Saved ☐ Unsaved ☐ Unsure
☐ Walking closely with the Lord ☐ Not as close to the Lord as I should be

Participation in activities:	Regularly	Occasionally	Seldom
I attend Sunday school	_____	_____	_____
I attend worship services	_____	_____	_____
I attend prayer meeting	_____	_____	_____
I attend youth activities	_____	_____	_____

Personal life:	Yes	No
I read my Bible daily	_____	_____
I pray daily	_____	_____
I memorize Scripture	_____	_____
I witness to lost people	_____	_____

What kind of relationship do you have with the following people:

Father	☐ Good	☐ Average	☐ Poor
Mother	☐ Good	☐ Average	☐ Poor
Brother/Sisters	☐ Good	☐ Average	☐ Poor
Other family members	☐ Good	☐ Average	☐ Poor
How would you describe your family life?	☐ Good	☐ Average	☐ Poor

If you could go to school anywhere you wanted to, where would you go? _____

Have you ever been suspended or expelled from school? ☐ Yes ☐No

If yes, why? _____

_____

Do you like sports? ☐ Yes ☐No

What sports do you like best? _____

Do you have a hobby? ☐ Yes ☐No

What is it? _____

How often do you read a book? _____

What is the name of a book you have read recently? _____

What type of music do you listen to? _____

Name two of your favorite musical groups: 1. _____ 2. _____

How much time do you spend watching TV/movies? _____ hours a day

Do you have a Facebook and/or Twitter account? ☐ Yes ☐No

If yes, how many hours a day do you spend online? _____

How often do you go to the movies? _____

Name the last three movies you have seen:

1. _____ 2. _____ 3. _____

Are most of your friends and associates Christians? ☐ Yes ☐No

Are most of your friends your age? ☐ Yes ☐No

Did you receive any help answering the above questions? ☐ Yes ☐No
Please explain which ones and how much:

_____

_____

Have you ever used tobacco? ☐ Yes ☐No Drugs? ☐ Yes ☐No Alcoholic drinks? ☐ Yes ☐No

If the answer to any of these is yes, please fully explain: _____

_____

_____

_____

_____

With my signature below, I certify that I have answered the above questions honestly and completely and have not held back information the admissions committee ought to know about me.

Student Signature _____ Date _____