



Parent Questionnaire

We ask that both parents participate in completing this form. We appreciate your effort in helping us know your child better.

Student's name _____
 First Middle Last

Name(s) of person(s) completing this form _____

Why do you want your child to receive a Christian education?

Describe your child's relationship with his/her family.

Describe your child's relationship with God.

Describe the ways in which you integrate your faith into your family's life.

Describe how you spiritually nurture your child.

Describe your child's relationship with his/her peers.

Comment on your child's greatest strengths and abilities.

Comment on what you consider your child's greatest area of need.

What are your child's special interests and activities?

Describe your expectations of the school and how you see your family as part of Gateway Academy.

Referred to Gateway Academy by:

Name _____

Contact number _____

I understand that withholding or misrepresenting information requested in this questionnaire may jeopardize admission or enrollment at Gateway Academy. My signature below indicates that all the information contained in this questionnaire is correct, complete, and honestly presented.

Signature of parent _____

Date _____

Signature of parent _____

Date _____