

# Evangel Christian School

## STUDENT QUESTIONNAIRE

For Students applying for 7th through 12th grades.

The purpose of this questionnaire is to help the Admissions Committee get to know the student applicant better. Therefore, the student applicant in his/her own handwriting must complete this part of the application.

Please use blue or black ink.

### 1. Academics

- a. Do you get your homework done at school or do you take it home with you every day? \_\_\_\_\_
- b. What subject is hardest for you? \_\_\_\_\_
- c. What was your average grade in school last year? \_\_\_\_\_
- d. Have you ever been on the honor roll? Yes No
- e. Have you ever failed a subject? Yes No Which one(s)? \_\_\_\_\_
- f. Do you plan to go to college? Yes No
- g. What occupation would you like to pursue as an adult? \_\_\_\_\_
- h. Have you received any honors in school or outside of school? Yes No What were they: \_\_\_\_\_

### 2. Personal

- a. What do you enjoy doing most in your free time? \_\_\_\_\_
- b. Do you play an instrument? Yes No Which ones? \_\_\_\_\_
- c. How often do you read a book? \_\_\_\_\_
- d. What books have you read most recently? \_\_\_\_\_
- e. What radio stations do you listen to with some regularity? \_\_\_\_\_
- f. How much time do you spend watching TV during the school year?  
Numbers of hours daily? \_\_\_\_\_ Number of hours weekly? \_\_\_\_\_
- g. How much time do you spend on the computer / internet?  
Numbers of hours daily? \_\_\_\_\_ Number of hours weekly? \_\_\_\_\_
- h. Do you have a part-time job after school or on weekends? Yes No What is it? \_\_\_\_\_
- i. How often do you go to the movies? \_\_\_\_\_  
Name the last three movies you saw: 1) \_\_\_\_\_  
2) \_\_\_\_\_  
3) \_\_\_\_\_
- j. Are most of your friends and associates Christians? Yes No  
Are most of your friends your age? Yes No  
Do you know any current students here at Evangel Christian School? Yes No  
Who are these students? \_\_\_\_\_
- k. Select three adjectives that friends might use to describe you. \_\_\_\_\_
- l. Have you ever used Tobacco? Yes No Drugs? Yes No Alcoholic Beverages? Yes No  
If there is a "Yes" answer, please explain: \_\_\_\_\_

### 3. Spiritual

- a. Do you go to church every Sunday? Yes No Where? \_\_\_\_\_
- b. Do you go to Sunday School regularly? Yes No
- c. Do you participate in other activities at church? Yes No What? \_\_\_\_\_
- d. If you are a Christian, how do you know? \_\_\_\_\_
- e. How long have you been a Christian? \_\_\_\_\_

