

# GATEWAY CHRISTIAN SCHOOL QUESTIONNAIRE

DEAR PARENT:

TO PROVIDE OUR SCHOOL CHILDREN THE VERY BEST EDUCATION AND TO MEET THE EDUCATIONAL, CHARACTER, CITIZENSHIP TRAINING AND SPIRITUAL NEEDS OF THE CHILD, WE NEED TO KNOW SOME BACKGROUND INFORMATION ON EACH CHILD. THIS WILL HELP US TO BETTER DETERMINE THE NEEDS AND CURRICULUM FOR OUR SCHOOL CHILDREN.

WE REQUEST THAT YOU ANSWER THE FOLLOWING QUESTIONS CONCERNING EACH CHILD WHICH YOU WISH TO ENROLL IN GATEWAY SCHOOL.

1. CHILD'S NAME \_\_\_\_\_  
BIRTHDATE \_\_\_\_\_ GRADE ENTERING \_\_\_\_\_
2. PLEASE CHECK THE PARENTS THAT ARE LIVING IN THE HOUSEHOLD OF THE CHILD: MOTHER // FATHER // BOTH //
3. PLEASE LIST THE NUMBERS AND RELATION OF OTHERS THAT ARE LIVING IN THE HOUSEHOLD OF THE CHILD: (EXAMPLE: 1 GRANDFATHER, 1 BROTHER, 2 SISTERS, ETC.)  
\_\_\_\_\_  
\_\_\_\_\_
4. PLEASE LIST THE DISCIPLINARY METHODS NORMALLY USED IN THE HOME WHEN THE CHILD NEEDS DISCIPLINE: (EXAMPLE: MAY SPANK IF NECESSARY, SEND TO ROOM, WITHHOLD T. V. PRIVILEGES, ETC.)  
\_\_\_\_\_  
\_\_\_\_\_
5. IF THIS CHILD NEEDS DISCIPLINARY ACTION IN SCHOOL, WHAT METHODS DO YOU SUGGEST?  
\_\_\_\_\_  
\_\_\_\_\_
6. HOW OFTEN HAS THE CHILD HAD HOME EDUCATIONAL TRAINING SUCH AS RECOGNIZING LETTERS, WORDS, NUMBERS, ETC.?  
DAILY // WEEKLY // MONTHLY // LIMITED // NEVER //
7. HOW OFTEN HAS THE CHILD HAD SPIRITUAL TRAINING IN THE HOME SUCH AS BIBLE READING, BIBLE STORIES, PRAYER, ETC.:  
DAILY // WEEKLY // MONTHLY // SOME // NEVER //

8. WHAT RECREATIONAL ACTIVITIES DO THE PARENTS DO WITH THE CHILD: ( LIST 3 OR MORE ACTIVITIES )

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9. WHAT IS THE AVERAGE TIME PER DAY THAT THE CHILD WATCHES T. V. ? \_\_\_\_\_ HOURS

10. WHAT WILL BE THE AVERAGE TIME PER DAY THAT THE CHILD WATCHES T. V. AFTER SCHOOL STARTS? \_\_\_\_\_ HOURS

11. IS THE CHILD'S T. V. TIME SUPERVISED BY A PARENT OR SOMEONE ELSE IN AUTHORITY? ( CHECK ONE THAT BEST APPLIES )  
ALWAYS // USUALLY // SOMETIMES // SELDOM //

12. WHAT IS THE AVERAGE BED-TIME OF THE CHILD?

WEEKDAYS \_\_\_\_\_ WEEKENDS \_\_\_\_\_

13. HOW OFTEN DOES THE CHILD USUALLY ATTEND CHURCH OR WORSHIP SERVICES? ( CHECK ONE ) :  
2 OR MORE TIMES PER WEEK // ONCE A WEEK // AT LEAST ONCE A MONTH // AT LEAST 4 TIMES A YEAR // HARDLY EVER

COMMENTS: \_\_\_\_\_

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14. HOW OFTEN DOES ONE OR BOTH PARENTS USUALLY ATTEND CHURCH OR WORSHIP SERVICE WITH THE CHILD ?  
2 OR MORE TIMES A WEEK // ONCE PER WEEK // ONCE A MONTH // AT LEAST 4 TIMES PER YEAR // HARDLY EVER //

COMMENTS: \_\_\_\_\_

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15. ARE ONE OR BOTH PARENTS MEMBERS OF A CHURCH OR WORSHIP GROUP? ( CHECK THE BLOCKS THAT APPLY ) MOTHER // FATHER // IF YES, NAME OF THE CHURCH OR WORSHIP GROUP:

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16. **WHAT DO YOU BELIEVE IS THE LEARNING ABILITY FOR THIS CHILD? ( CHECK ONE ) CONSIDERABLY ABOVE NORMAL // ABOVE NORMAL // SLIGHTLY BELOW NORMAL // BELOW NORMAL //**  
**COMMENTS:** \_\_\_\_\_

17. **WHAT ARE THE EDUCATIONAL GOALS THAT YOU THINK THIS CHILD WILL PROBABLY OBTAIN? HIGH SCHOOL GRADUATE // COLLEGE GRADUATE // ABOVE COLLEGE LEVEL // DOCTORATE DEGREE OR ABOVE //**

18. **OTHER THAN EDUCATIONAL GOALS, WHAT ARE SOME OTHER GOALS YOU HAVE FOR THIS CHILD?**

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19. **WHY DO YOU WANT THIS CHILD TO ATTEND GATEWAY CHRISTIAN SCHOOL?**

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20. **WHAT ARE SOME OF THE MORE IMPORTANT THINGS THAT YOU HOPE GATEWAY CHRISTIAN SCHOOL WILL PROVIDE THIS CHILD?**

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