

St. Bernard High School

"Viking for a Day" Interest and Activities Survey

Student Name: _____

Parent(s) Name: _____

Phone Number: _____ Shadow Date: _____

E-mail: _____

Grade School: _____ Present Grade: _____

SBHS student you would like to shadow with (optional): _____

Please check the box next to any organization or sport that you might be interested in participating in once you are an incoming freshman at SBHS. You can check as many boxes as you like.

Student Clubs and Organizations

<input type="checkbox"/>	Dance
<input type="checkbox"/>	Theater
<input type="checkbox"/>	The Voyager (School Yearbook)
<input type="checkbox"/>	National Honor Society
<input type="checkbox"/>	Interact Club

<input type="checkbox"/>	Chess Club
<input type="checkbox"/>	Choir
<input type="checkbox"/>	Viking Band
<input type="checkbox"/>	Student Council
<input type="checkbox"/>	Campus Ministry

Athletics

Boys Sports

<input type="checkbox"/>	Baseball
<input type="checkbox"/>	Basketball
<input type="checkbox"/>	Cross Country
<input type="checkbox"/>	Football

<input type="checkbox"/>	Golf
<input type="checkbox"/>	Soccer
<input type="checkbox"/>	Track
<input type="checkbox"/>	Volleyball

Girls Sports

<input type="checkbox"/>	Softball
<input type="checkbox"/>	Basketball
<input type="checkbox"/>	Cross Country
<input type="checkbox"/>	Track

<input type="checkbox"/>	Soccer
<input type="checkbox"/>	Volleyball
<input type="checkbox"/>	Cheerleading

During your shadow visit, would you like to meet with a representative of one of the clubs/sports which you have selected?* Y / N

If yes, which club/sport in particular? (Select up to two):

Is there anything that you are interested in that isn't on our list? What do you like to do for fun?

* We will do our best to try to accommodate your request; however, depending on representative availability and the shadow host schedule, we may be unable to arrange a meeting.

