

# Holy Cross School

## Parent Questionnaire for Applicants Grades Pre-K – 12<sup>th</sup> Grade

Applicant's Name \_\_\_\_\_

Grade for which applying \_\_\_\_\_

List five adjectives to describe your child: \_\_\_\_\_

\_\_\_\_\_

Describe your child's strengths: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe any weaknesses you have identified: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why are you considering a change in school for your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe any special learning needs or medical conditions your child may have:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your expectations of a Holy Cross education? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

(Please attach another sheet if more space is needed.)