

STUDENT QUESTIONNAIRE

To be completed by the student applicant for grades 6-12 in your own handwriting. If more space is needed, please use another sheet of paper, giving your name and the number of the question being answered.

Name _____ Grade Entering _____

GENERAL / SPIRITUAL

1. How did you learn about Shades Mountain Christian School? _____

2. Do you yourself want to attend Shades Mountain Christian School? Yes No Why or why not? _____

3. Do you attend church most Sundays? Yes No Where? _____
Do you go to Sunday School regularly? Yes No
Does your church have a youth program? Yes No Are you a member? Yes No
Do you participate in other activities at church? Yes No What? _____
Have you ever helped plan or put on a program in your church? Yes No What? _____

4. If you are a Christian, how do you know? _____

5. How long have you been one? _____

ACADEMIC

1. Do you get your homework done at school or do you take it home with you every day? _____
2. What subject is hardest for you? _____
3. What was your average grade in school last year? _____
4. Have you ever been on the honor roll? Yes No
5. Have you ever failed a subject? Yes No What? _____
6. Do you plan to go to college? Yes No
7. What occupation would you like to pursue as an adult? _____
8. Have you received any honors in school or outside of school? Yes No What are they? _____

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1. What do you enjoy doing most in your free time? _____

2. Do you play a musical instrument? Yes No What? _____
3. Please indicate all athletic activities in which you may wish to participate. All AHSAA rules of eligibility apply.
 Baseball Basketball Cheerleading Cross Country Football
 Golf Soccer Softball Tennis Volleyball Wrestling
4. Do you participate in sports? Yes No
Which ones do you enjoy most? _____
5. How often do you read a book? _____
6. What books have you read most recently? _____

7. What radio stations do you listen to with some regularity? _____
8. How many hours weekly do you spend watching TV during the school year? _____
9. How much time do you spend on the computer/Internet? _____
10. Do you have a part-time job after school or on the weekends? Yes No
What is it? _____
11. How often do you go to the movies? _____
Name the last three movies you saw:
 - a. _____
 - b. _____
 - c. _____
12. Are most of your friends Christians? Yes No Are most of your friends your age? Yes No
Do you know any current students here at SMCS? Yes No
Who are these students? _____

13. Select three adjectives that friends might use to describe you. _____

14. Have you ever used tobacco? Yes No Drugs? Yes No Alcoholic Beverages? Yes No
If there is a "Yes" answer, please explain: _____

With my signature below, I certify that I have answered the above questions honestly and completely and have not held back information the Admissions Committee should know about me.

Signature

Date