

PROSPECTIVE STUDENT QUESTIONNAIRE



Dear Parent/Guardian,

This Questionnaire is designed to provide OCS (Okanagan Christian School) with information that will assist us in determining to the best of our knowledge if our school is the right fit for your child and your family. The information you share is important to the success of your child in our school. It will be used to determine what, if any, supports may be required to assist teachers and staff members in the education and social growth of your child. Please complete all sections to the best of your knowledge. Thank you

Parent Name: _____

Daytime Phone: _____

Email: _____

Student Name: _____

Grade Entering: _____

Please tell us why you are interested in our school: _____

Please tell us what expectations you have of our school: _____

Please tell us if you have any reservations about our school: _____

Please tell us of obstacles that may prevent you from choosing our school (finances, transportation, other): _____

Please list any incidents or factors that contributed to your decision to withdraw your child from his/her current school: _____

STUDENT'S EDUCATIONAL HISTORY

Please list your child's previous school(s) and attach the most recent report card to this questionnaire along with a transcript of all grade 10-12 courses completed (if applicable): (Homeschoolers must attach evidence of learning if report cards were not issued)

School Name: _____ Grade(s) Completed: _____

School Name: _____ Grade(s) Completed: _____

Is or was your child on an IEP in their current or previous school? Yes No

If so, please attach a copy of the IEP to this form.

Does your child have any learning or physical disabilities? If yes, please list and explain:

Does your child suffer from any psychological conditions such as but not limited to anxiety or depression? If yes, please explain how this has affected his/her success at school: _____

Has your child exhibited behavioral challenges at school, such as but not limited to, aggressive behavior towards students or teachers, defiance of authority, verbal abuse or destruction of property? If yes, please give details: _____

Has your child received extra supports for learning or behavioral challenges at school? If yes, please list type and frequency: _____

Does your child receive ongoing supports outside of school for learning, psychological or behavioral challenges? If yes, please explain: _____

Please list any significant changes in your child's life that may affect his/her learning or social interactions: _____

Please list any factors that may contribute to your child's inability to attend classes regularly and/or on time: _____

Please tell us about your child's attitude towards school and his/her work ethic: _____

Please tell us about your child's personality and interests: _____

I, _____ have completed this questionnaire to the best of my knowledge and have disclosed all information in regards to my child's learning, behavioral and psychological challenges and supports. I understand that omission of information considered to be relevant to my child's educational success can nullify my application to OCS before or after acceptance into the school program.

Signature: _____ Date: _____