

FOR THE APPLICANT TO COMPLETE

1. Please tell us, in your own words, and in your own writing, why you wish to attend Saint Joseph's Episcopal School, Inc.

2. What excites you? Do you have a passion?

3. Do you play a musical instrument? What do you like about it? Other arts? Drama? Singing? Dancing?

4. What did you do during the summer? What do you enjoy in these activities?

5. Have you read a book for fun recently? If so, what was it and what did you like about it?

6. Who is an important person in your life? Why?

CONFIDENTIAL PARENT QUESTIONNAIRE

In the space below, please jot down a few phrases or words that you feel describe your child. Please be brief.

Please comment on your child's school experience and describe your child's learning style.

Does your child have a particular strength or interest which you want to see nurtured or developed?

What potential does your child have that you see undeveloped and in need of support?

What does your child need to thrive academically?

What activities do you share as a family?

If there are circumstances which have affected or might affect your child's school performance, please explain below. For example: skipping or repeating a grade, frequent changes of school, loss of a significant person through death or divorce, serious illness in the family, reconfiguration of the family unit, etc.

If you have any standardized testing, core evaluation, psychological testing, or other assessment information about your child, please check here and submit a copy with this application.

List names, ages, and school of brothers and sisters:

_____	_____	_____
Name	Age	School
_____	_____	_____
Name	Age	School
_____	_____	_____
Name	Age	School