



Trinity Classical Academy

STUDENT QUESTIONNAIRE

2009-2010 School Year

TRINITY CLASSICAL ACADEMY
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Please complete this questionnaire without assistance from anyone: your parents, your teacher, or your friends.

Any questions that do not apply to you leave blank.

Date Submitted

Office use only

Reference

From Status

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APPLICANT

LAST NAME	First Name	Middle Name
First Name Used/Nickname	Your Current Grade	Applying for Grade

QUESTIONNAIRE

Estimate your standing in your entire grade by checking one:

- Top Tenth Top Quarter Top Half Bottom Half

If your grade is divided into sections according to ability, in what subject(s) are you in the most advanced sections?

List academic subjects of greatest interest to you::

List academic subjects of least interest to you:

How many hours per week do you spend on required homework?

How many hours per week do you read for pleasure?

Name two books you have especially enjoyed in the last year. Give titles and authors.

Book #1

Book #2

What are your greatest strengths?

Weaknesses?

In what types of extracurricular activities are you involved? Be sure to include sports, clubs, religious and social activities. What is a typical weekly schedule for you? What hobbies do you enjoy?

List jobs that you do both inside and outside the family (include volunteer and service work):

Positions of leadership or responsibility that you hold in your school, church or community:

Describe your favorite teacher. Why has this person made such a strong impression on you?

What do you most like about your current school? If there were one thing you could change, what would it be?

Select two personalities from world history whom you feel to be significant. Explain the reasons for your selection.

HISTORICAL FIGURE #1

HISTORICAL FIGURE #2

Write about an experience that has taught you a lesson:?

Why would you like to attend Trinity Classical Academy??

What concerns do you have about attending Trinity Classical Academy?

Thank you for your candor. Your responses will give us the opportunity to know you better.

By typing in your name below, you confirm that you have completed this questionnaire without help from anyone.

Signature

Date