

# ASSEMBLY CHRISTIAN SCHOOL

## Parent Questionnaire

(complete one per child)

### Grades 7-8

Student Name: \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

Please explain any YES answers to questions 4-22 and provide any needed information that will enhance our ability to meet your child's needs.

	Yes	No
1. Is your child actively involved in church activities? Name of Church: _____	___	___
2. Has your child accepted Jesus Christ as their personal Lord and Savior?	___	___
3. Has your child been water baptized or confirmed?	___	___
4. Does your child have any chronic illness, allergies, or eating disorders?	___	___
5. Does your child have a hearing deficiency?	___	___
6. Does your child have any visual deficiency not corrected by glasses or contacts?	___	___
7. Has your child ever exhibited any emotional problems such as depression or anxiety?	___	___
8. Does your child have a <u>diagnosed</u> or <u>suspected</u> learning disability?	___	___
9. Has your child ever had an evaluation or services for a learning disability?	___	___
10. Does your child require special accommodations for their disability?	___	___
11. Does your child take any medicine on a regular basis?	___	___
12. Does your child have Attention Deficit Disorder or Hyperactivity?	___	___
13. Does your child have a tendency to be mischievous, disobedient, or rebellious?	___	___
14. Has your child ever been suspended, expelled, or refused admission to another school?	___	___
15. Has your child ever been asked to or allowed to withdraw from another school for behavior or other problems?	___	___
16. Has your child been sexually abused or involved in homosexual activities?	___	___
17. Has your child ever smoked or abused alcohol?	___	___
18. Has your child used marijuana or any other illegal drug?	___	___
19. Has your child ever been arrested or given a citation for violence or any law? (traffic/vandalism/drugs, etc.)	___	___
20. Does your child have difficulty responding to authority figures?	___	___
21. Does your child have difficulty interacting with his/her peers?	___	___
22. Does your child have any other problems not addressed by the above questions?	___	___
23. I have received a copy of the ACS Handbook and Honor Code.	___	___
24. My child and I have read and signed a copy of the ACS Honor Code.	___	___
25. I have read and signed a copy of ACS drug screening procedures. (Grades 9th-12th)	___	___

Explain any YES answers to questions 4-22 on the back of this form.

I have discussed the above questionnaire with my child, and agree that it is truthfully answered. I understand if found otherwise, expulsion of the student is possible.

Parent/Guardian Signature \_\_\_\_\_

