



TOWN CREEK CHRISTIAN ACADEMY

Admissions Interview Questionnaire

Complete form and return to Michelle.Miller@towncreeklions.com. She will contact you to set up an interview.

Student's full legal name (Last, First MI): _____

Name student uses: _____ Grade student is entering: _____

Name of step/father/guardian: _____

Best contact number: _____ Best email address: _____

Name of step/mother/guardian: _____

Best contact number: _____ Best email address: _____

Spiritual

Do you understand we are a christian private school? Yes No

Name of church your family regularly attends _____

Pastor's name: _____

How often do you and your family attend church? Weekly Monthly Special occasions Never

Father

Are you a born again believer in Jesus Christ ? Yes No Share your salvation story: _____

Mother

Are you a born again believer in Jesus Christ ? Yes No Share your salvation story: _____

Student (6th grade+)

Are you a born again believer in Jesus Christ ? Yes No Share your salvation story: _____

Admissions Interview Questionnaire (con't)

Do you read the Bible together regularly? Yes No Explain: _____

Do you pray together regularly? Yes No Explain: _____

Is your child involved with a children's or youth group at church? Yes No Explain: _____

What spiritual goals do you have for your student this year? _____

Educational

What are your child's academic interests? _____

What are your educational goals for your child this year? _____

What motivates your child? _____

What are your child's academic strengths? _____

What are your child's academic weaknesses? _____

What does your child want to be when they grow up? _____

Does your child work better alone or in groups? _____

Does your child have a difficult time paying attention? Yes No Explain: _____

Has your child been disciplined or dismissed from their current school? Yes No N/A

If yes, explain: _____

Is there anything we need to know about your family or your student? _____

Interview notes
