

Student Questionnaire

Please Return by January 30, 2020



Name of Applicant: _____ Applying to Grade: _____

Dear Applicant:

Thank you for letting us get to know you. We look forward to reading your application and learning about your interests, educational goals, and aspirations. Please return the completed questionnaire by email to apply@oes.edu, or mail to OES Admissions, 6300 SW Nicol Road, Portland, OR 97223.

PLEASE HANDWRITE YOUR ANSWERS IN BLUE OR BLACK INK.

1. Share why you think OES would be a good school community for you. _____

2. Which teacher has influenced you the most? How or why? _____

3. What is your favorite piece of literature? Why? _____

4. What is an accomplishment of which you are most proud? _____

5. List the primary extra-curricular activities in which you have been involved during the past three years.

Activity/Level	Position/Role	Years of Experience	Hours/Week	Do you plan to continue while attending OES?

