



# FELLOWSHIP

## CHRISTIAN SCHOOL

COLOSSIANS 1:9-12

### ----Applicant Questionnaire Sixth – Twelfth----

Applicant's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_ Applying for Grade: \_\_\_\_ Fall/Spring, 20\_\_\_\_

Current School: \_\_\_\_\_

STUDENTS: Please answer the following questions as thoroughly as possible. We ask for your answers and opinions, not those of others. **Please use your own handwriting.**

1. Which subject(s) do you enjoy the most? Which do you enjoy the least? Please explain.

2. How much time do you spend on homework each night?

3. Describe your favorite activities and hobbies.

4. Have you accepted Jesus Christ as your personal savior? If so, please describe how you came to know Christ personally. If not, please tell us what you know about Jesus. Please attach additional sheets if necessary.

5. How does your relationship with Christ affect your daily life?

6. What do you do to strengthen your relationship with the Lord?

7. Are you currently active in a church youth group? If so, describe the group and how you participate.



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8. What is important to you in choosing a friend? Please explain.

9. What do you like most about yourself?

10. If you could change something about yourself, what would it be?

11. What words would be used to describe you most accurately by:

a. Your Parents:

b. Your Friends:

12. Have you ever used an illegal drug/substance including alcohol or tobacco? Please describe.

13. Do you want to come to Fellowship Christian School? Why or why not?

#### WAIVER OF CONFIDENTIAL MATERIALS:

To the best of my knowledge the information in this application is my own and is accurate. I also understand that misrepresentation will invalidate the application process.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_