



CHESTERTON ACADEMY

PARENT / GUARDIAN QUESTIONNAIRE

Applicant's Name _____

To be completed by the applicant's parent or guardian. (Attach more pages if needed)

1) Please explain why you want to send your child to *Chesterton Academy*.

2) Please describe the applicant's strengths and weaknesses.

3) Has your child ever required any assistance or special tutoring due to a learning disability or psychological problem? Please explain.

4) Are there any physical or medical concerns that you would like us to be aware of?

5) What extra-curricular activities do you think the applicant would be interested in?

6) Do you or any other member of your family speak a foreign language?
