

Orchard School

Parent Questionnaire

Child's Name

Parent's Name

1. Please write a paragraph describing your child and your educational vision for them. Please include your child's strongest aptitudes, traits of character and aspects you would like to see strengthened. _____

2. Please list any special needs, learning differences, medication requirements or behavior modification plans your child might have.

3. What are your reasons for wishing to enroll your child in Orchard School?

Orchard School Parent Questionnaire

4. As an independent school, we rely on active parent involvement in the Orchard School Community, particularly in areas of fundraising, fairs, festivals, workdays on campus and special events. How do you foresee your participation as an Orchard School parent?

5. How did you hear of Orchard School?

6. To complete our registration process, we would like permission to talk to your child's present/previous teacher after the Orchard School interview. Please sign below to give us this permission. Verbal permission from you with the teacher is also required. Thank you.

Signature _____

7. Any questions you may have?

Please feel free to attach additional written pages if needed.