

Parent Questionnaire (cont.)

Name of Applicant _____ Grade entering: _____

4. Please comment on your child's special interests and abilities, including any medical or special needs, such as learning differences or physical limitations. (Include any written reports or testing information from the past three years if available.)

5. Please describe your parental involvement in your child's education.

6. Is there any additional information about your child that you think would be helpful to the Admission Team?

7. How did you hear about our school? _____

Parent Signature _____ Date _____

**Please return this form to: St. Joseph School
220 Mountain Park Blvd. SW
Issaquah, WA 98027**

**Tel: (425) 313-9129
Fax: (425) 313-7296**