St. Joseph Parish School
TEACHING YOU MORE

Parent Questionnaire

Name of Applicant:_____ **Grade Entering:** _____

Please help us to become better acquainted with your child by answering the following questions. Feel free to type or write your responses and attach additional sheets of paper if necessary. Please complete one form per applicant and submit to the office with other application materials.

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1. **Please comment on your reasons for seeking admission for your child to St. Joseph Parish School.**

2. **Please describe what you believe to be the best learning environment for your child.**

3. **Academically and socially, what do you perceive to be your child's strengths and talents? Area for growth and improvement?**

4. **Please comment on your child's special interests and abilities, including and medical or special needs, such as learning differences or physical limitations. (Please 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?**

Parent Signature:_____ **Date:** _____

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

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