

PORT CHARLOTTE CHRISTIAN SCHOOL

INQUIRY SHEET

Date of interview _____

Name of inquirer _____ Relationship to student _____

Address _____ Phone _____

Parent or Guardian Information

Father: Name _____ Natural _____ Other _____

Address _____ Home Phone _____

Employment _____ Work Phone _____

Employment Address _____

Mother: Name _____ Natural _____ Other _____

Address _____ Home Phone _____

Employment _____ Work Phone _____

Employment Address _____

Students:	Name	Age	Grade	DOB	Current School/Since
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

How did you learn of this school?

Phone Book

AD

Other

If other please specify _____

Are you a new resident in this area? YES NO

How long have you lived here? _____

Where did you live before? _____

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Has your child ever been in a Christian School before? _____

Where and for how long? _____

Does your child/ren have any medical problems? YES NO

Academic problems? _____

Behavior problems? _____

Do you or the child/ren attend a Bible believing church regularly? YES NO OCASSIONALLY

Where? _____

Husband raised _____ Wife raised _____

Comments: _____

PLEASE GIVE TO OFFICE AFTER INTERVIEW