



EAST LAKE ACADEMY

A Roman Catholic School of Academic Excellence

Parent / Student Questionnaire

Student name: _____

Grade: _____

Nickname: _____

Birth date: _____

Allergies: _____

Hobbies / Extracurricular Activities:

Is there something special about your child you would like to share (fears, likes, dislikes, anxiety, etc).

Is there any special circumstance about your child/children or family we should be aware of:

Describe your child's interest level in school and his/her study habits:

Family Parish:

Parents and siblings (ages):

Favorite subject and why:

Least favorite subject and why:

Any topic of interest your child is wishing to learn this year?
