

Early/Lower School APPLICANT QUESTIONNAIRE

Parents may help fill out this questionnaire.

Student's Name:		
Last	First	Middle
Favorite academic subjects	part of the school day:	
What would you like to lea	rn about this school year or next school	l year?
What do you like to read al	pout?	
How do you spend your fre	ee time?	

What are some things that you do well?	
What sports do you like to play?	
Creative art interests and experiences:	
Why do you want to change schools?	
Why do you want to attend Friends School?	
What do you think you will contribute to our school commun	iity?
Thank you for completing this form. Your rem on your application, and we will con	
Signature	Date