

Questionnaire for Prospective Students

Gethsemane Baptist Christian School
6095 Orange Avenue
Long Beach, CA 90805
Phone # (562) 422-4206
Fax # (562) 422-3657

Every Question Must Be Filled Out Completely - All Pages

Date _____ (Questionnaire Completed) *School Year* _____

Marital Status: Single Married Divorced
 Separated Widowed

Name of Parent(s) or Legal Guardian(s):

Mr. Mrs. Miss _____

Home address: _____

City: _____ Zip: _____

Home phone #: (_____) _____

Work phone #: Father: (_____) _____ Mother: (_____) _____

Cell phone #: Father: (_____) _____ Mother: (_____) _____

Parent/Guardian(s) Occupation:

Place of Employment: Father/Male Guardian _____

Address _____ Phone (_____) _____

Place of Employment: Mother/Female Guardian _____

Address _____ Phone (_____) _____

List below: (1) Each child you wish to enroll

(2) School they previously attended

<u>NAME</u>	<u>AGE</u>	<u>DOB</u>	<u>GRADE ENTERING</u>
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1. _____

(Previous school & phone #) _____

2. _____

(Previous school & phone #) _____

3. _____

(Previous school & phone #) _____

OVER PLEASE

Child/ren is presently living with whom? (Example: mom, dad, sisters, uncle, grandparents, etc.?)

Have any of the above children ever repeated or been retained in any grade? Yes No
If yes, give child's name and which grade(s) and explain:

How did you hear about Gethsemane Baptist Christian School? (Who referred you to us)?

What church are you and your family presently attending?

Church address and city: _____

Church's phone #: (_____) _____

What is the denomination or affiliation (type of church) of your church? _____

How long have you been attending? _____

Are you a member of the church? _____

What is the pastor's name? _____

Please circle which of the following services you attend on a regular basis: **(Please note that it is mandatory that each family that attends Gethsemane Baptist Christian School must attend a church of like faith at least 4 times per month-if you do not, please do not send this questionnaire back as your child(ren) will not meet the criteria of our school.)**

Sunday School

Sunday Morning Service

Sunday Evening Service

Mid-Week Service (Bible Study/Prayer)

Have you ever personally accepted the Lord Jesus Christ as your Savior?

Yes No If yes, when? _____

Your spouse? Yes No If yes, when? _____

Go to next page please...

Which of the children that you wish to enroll (list by name) have accepted the Lord as their personal Savior? _____

When? _____

Explain why you are interested in enrolling your child/ren into Gethsemane Baptist Christian School: _____

Signature of parent/guardian who is completing questionnaire:

X _____ Date _____

Relationship to Child/ren: _____

(Father, Mother, Guardian, Grandmother, etc.)

After reading our statement of Faith, are you 100% in agreement with it? If not, please state your reason(s). _____

Due to limited spaces available in our school, this questionnaire should be returned as soon as possible after completion. Return of this questionnaire does not guarantee acceptance in our school.

Below is for office use only

Date of Personal Interview _____

Date application was given _____