



ST. JUDE THE APOSTLE CATHOLIC SCHOOL

Committed to Academic Excellence

New Parent/Guardian Questionnaire

Please print legibly.

FAMILY INFORMATION

Family Last Name

Names of Children

Current Grade(s)

How did you hear of St. Jude The Apostle School?

If you were referred by a St. Jude family or alumni, please let us know their name so we can express our gratitude for their referral:

Understanding our philosophy and mission, why is a Catholic education for your child important to you?

What would you like the school to provide for your child?

How would you as a parent/guardian hope to become involved into the life of the school (your gifts and talents)?



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STUDENT INFORMATION

What was/were your child's greatest strength(s) at his/her previous school?

What was/were the area(s) for needed improvement?

Are you aware of any learning, physical or emotional difficulties with your child? Yes No

If "yes", please give an explanation of your child's challenge and attach any private testing/evaluations your child has received.

This information will help us to better plan for your child's educational needs.

Does your child currently have an Individual Educational Plan (IEP) from a public school or does your child receive special services through the public school system? Yes No

If "yes", which services? Please check all that apply

Speech/Language Special Education Occupational Therapy Social Skills Support Counseling

Please attach a copy of your child's most current IEP. This information will help us to better plan for your child's educational needs.

Parent/Guardian Signature(s)

Date
