

FAMILY SURVEY

Please fill out the following. This will help us to better understand and serve the homes of our students. If you are enrolling more than one student, only one of the Family Survey and Pastoral Questionnaire's need to be filled out. One Student Application must be completed for each student and one Student Questionnaire must be completed for each student in grades 7-12.

SURVEY

I. Family Data

FAMILY'S LAST NAME	
MARITAL STATUS	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced
ADDRESS	
TELEPHONE	

	FATHER	MOTHER
NAME		
EMPLOYER		
JOB		
SKILLS		
HOBBIES		
OTHER INTERESTS		

Please complete the following for currently enrolled or prospective students at the school. Please fill out from oldest to youngest.

CHILD	CHILD'S NAME	AGE	GRADE ENTERING	# YEARS ATTENDED THIS SCHOOL	# YEARS AT OTHER CHRISTIAN SCHOOLS
1					
2					
3					
4					
5					

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II. Health in the Home

What do you allow in your home either as parents or for your children?

Tobacco: Yes No Alcoholic Beverages: Yes No

III. Authority in the Home

How do you view your authority in the home?

	NEVER	SOMETIMES	USUALLY/ OFTEN	ALWAYS
Do you believe that children should obey their parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you permit your children to talk back?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you correct your children's attitudes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you believe in corporal punishment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you teach your children to respect authority?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you discuss and settle conflicts with your children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you read the Bible and pray with your children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IV. Academics

	NEVER	SOMETIMES	USUALLY/ OFTEN	ALWAYS
Do your students do homework?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you work on homework with your students?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you help your students with school projects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do your students do homework with the TV on?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you talk to your students about the school day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you plan to attend PTF Meetings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you attend extra-curricular activities your students participate in?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

V. Conduct

	NEVER	SOMETIMES	USUALLY/ OFTEN	ALWAYS
Do you expect your students to respect the teachers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you expect your students to obey the teachers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are your students willing to accept authority?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do your students (for their age) try to live by the Bible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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VI. Purpose

Please state in detail why you wish to enroll your child(ren) in Middletown Christian Schools.

VII. Testimony

Answer the following questions in your own words. If necessary, please attach a separate sheet of paper.

A.	According to the Bible, what is a Christian?
B.	According to the Bible, how does one become a Christian?

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C.	When and how did you become a Christian?
D.	Describe your church attendance and involvement since you became a Christian.

VIII. Statement of Faith

- A. We believe the Bible to be inspired, the infallible and authoritative Word of God;
- B. We believe that there is one God, eternally existent in three persons: Father, Son and Holy Ghost;
- C. We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory;
- D. We believe that for the salvation of the lost and sinful man, a regeneration by the Holy Spirit is absolutely essential;
- E. We believe in the creation of man by the direct act of God as recorded in the Book of Genesis;
- F. We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a Godly life;
- G. We believe in the resurrection of both the saved and the lost; they that are saved unto the resurrection of life and they that are lost unto the resurrection of damnation.