

Captain Gilmer Christian School

New Student Interview

(828) 684-8221

Date _____

Student's Name _____ Date of Birth ____/____/____

Father's Name _____ Mother's Name _____

With whom does the child live? _____

Primary Language _____ Family Denominational Preference _____

Grade Next Fall _____ How many schools has your child attended since 1st grade? _____

Name of immediate past school _____

Address _____ Phone Number _____

Name of Principal _____ Most Recent Teacher _____

Reason for leaving the two most recent schools _____

Has your child ever been home schooled? Yes _____ No _____ If yes, grade level(s) _____

Has your child ever been retained? Yes _____ No _____ If yes, when and where? _____

Has your child ever been suspended? Yes _____ No _____ Dismissed? Yes _____ No _____

If yes, explain _____

General Achievement level (as indicated by most recent Standardized Achievement test):

Below Average _____ Average _____ Above Average _____

Has the student been previously placed in special education? Yes _____ No _____

If yes, fill in the following information: Tested by _____

Where _____ When _____ Placement _____

Why is Christian Education important to you? _____

What do you view as your child's educational strengths? _____

What do you view as your child's educational weaknesses? _____

How would you describe your child's personality?

- | | | | |
|----------------------|-------------------|--------------------------|------------------|
| _____ Active | _____ Ambitious | _____ Self-Confident | _____ Persistent |
| _____ Hard-Working | _____ Nervous | _____ Impatient | _____ Impulsive |
| _____ Quick-Tempered | _____ Excitable | _____ Imaginative | _____ Original |
| _____ Witty | _____ Calm | _____ Easily Discouraged | _____ Serious |
| _____ Good-Natured | _____ Unemotional | _____ Shy | _____ Submissive |
| _____ Absent-Minded | _____ Methodical | _____ Timid | _____ Lazy |
| _____ Dependable | _____ Reliable | _____ Cheerful | _____ Sarcastic |
| _____ Jittery | _____ Likable | _____ Leader | _____ Sociable |
| _____ Self-Conscious | _____ Passive | _____ Outgoing | _____ Aggressive |
| _____ Melancholic | _____ Easy-Going | _____ _____ | _____ _____ |

List any allergies/medical conditions your child has, along with medications needed for these conditions _____

Please note any other information you feel we should know about your child _____

Do you have time to volunteer in the school/classroom and/or attend school trips? _____
