



Beaches Episcopal School ♦ The Bolles School Whitehurst and Ponte Vedra Beach Campuses  
Grace Episcopal Day School ♦ Greenwood School ♦ Hendricks Day School of Jacksonville  
Jacksonville Country Day School ♦ Mandarin Christian School  
Martin J. Gottlieb Day School: A Solomon Schechter Day School ♦ Providence School  
Riverside Presbyterian Day School ♦ St. Johns Country Day School  
St. Mark's Episcopal Day School ♦ San Jose Episcopal Day School

## Parent/Guardian Questionnaire

Name of Applicant \_\_\_\_\_ Date of birth \_\_\_\_\_

Applicant's preferred name \_\_\_\_\_ Male  Female

Applying for Grade  KG  1  2  3  4  5  6  7  8 Applying for school year \_\_\_\_\_

Child lives with  Both parents  Mother  Father  Other (please note) \_\_\_\_\_

The schools listed above are all accredited by the Florida Council of Independent Schools and have created this shared form to be filled out by the applicant's parent(s) or guardian(s). We ask that you please complete the form and return it directly to the admission office at the appropriate school(s).

If the applicant has applied to more than one of the schools listed above, you may duplicate this questionnaire and submit copies.

### **SHARING THE FOLLOWING INFORMATION WILL HELP US GET TO KNOW AND UNDERSTAND YOUR CHILD.**

Please list your child's interests: \_\_\_\_\_

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Please describe your child's likes: \_\_\_\_\_

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Please describe your child's fears/dislikes: \_\_\_\_\_

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Please tell us about your child's temperament and strengths: \_\_\_\_\_

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In what areas would you like to see growth and maturation? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly describe your child's previous school experiences. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please note any significant information prior, during or following your child's birth that may provide insight into his/her development. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any allergies?  yes  no If so, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any siblings? If so, please list their names and ages. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything you would like us to know about your child that we have not asked? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature(s) of person(s) completing form:

\_\_\_\_\_  
\_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_ Date \_\_\_\_\_