PRESCHOOL – GRADE EIGHT PARENT QUESTIONNAIRE

CHESAPEAKE ACADEMY
107 Steamboat Road, PO Box 8
Irvington, Virginia 22480
804.438.5575 (Voice) 804.438.6146 (Fax)
www.chesapeakeacademy.org

_____ _____ _____
Applicant's First Name Middle Name Last Name

_____ - _____ - _____ Applicant's Date of Birth: _____ - _____ - _____
Applicant's Social Security Number month day year

Applicant For Grade: _____

Date of Proposed Entry: _____ Applicant Gender: Male Female

***BOTH* parent(s) or guardian(s) should complete and return this form along with the Application for Admission.**

1. Please describe your child as an individual and relate your perception of him/her to your expectations for his/her educational experience at Chesapeake Academy:

2. Describe any significant events in your child's life; for example, achievements, school changes, personal setbacks:

3. Your child's strengths (personal and academic):

4. Your child's areas of improvement (personal and academic):

5. Has your child undergone any individual psychological assessment, educational evaluations, or tutorial support outside of school? YES_____ NO_____

IF "YES," please explain and submit all assessments and accommodations attempted.
Use the back of this form, if necessary

Parent/Guardian Signature _____ Date _____

Relationship to Applicant _____