



1417 W. Braddock Road
Alexandria, VA 22302
Phone: 703-998-4170
Fax: 703-998-5033
www.bssva.org

PARENT QUESTIONNAIRE (Grades K – 8)

STUDENT NAME _____

PARENT NAME _____

1. Describe and explain any serious disciplinary problems that your child has experienced at any previous school or child care facility.

2. List any other private schools to which you have made application for your child, whether the application has been approved or denied, and the reasons give if denied.

3. If your child has received treatment in the last three (3) years for any serious medical condition, describe the condition for which treatment was received and the nature of the treatment provided.
 - a. State whether you are willing to sign an authorization permitting the release of information to Blessed Sacrament School regarding medical treatment of your child.

4. Are you aware of any accommodations that your child may need?

5. Has your child been administered a psycho-educational test or battery since age four (4)

OVER

- a. Does the applicant participate in a gifted or talented program?
 - b. Does the applicant have a learning disability or ADD or ADHD?
6. Has your child been withdrawn or dismissed from any former school for any reason? If yes, please explain.
 7. How do peers interact socially with your child?
 8. Is your child taking any prescribed medicine on a regular basis? If yes, please explain.
 9. Is there any custody arrangement(s) of which we should be aware? If so, please explain.
 10. Will you require financial aid?