

Cathedral Baptist School

5622 35th St. • Rockford, IL 61109 • Phone 815-874-3883 • Fax 815-874-9714

www.cathedralbaptistschool.com

Parent Questionnaire

We appreciate your interest in enrolling your child at Cathedral Baptist School. We view ourselves as partners with you in providing a strong academic education within a Christ-centered environment. Please complete this questionnaire and return it to us with the application.

Applicant's Name _____ Applying for Grade _____
LAST FIRST MIDDLE PREFERRED NAME

Attach additional sheets if necessary.

1. Please write a brief testimony of your salvation and personal relationship with the Lord and the difference He makes in your life. If more space is needed, use the back of this form or attach a separate sheet.

2. Please describe the ways in which you integrate your faith into your family's life.

3. Family's Church Name _____

ADDRESS _____

NUMBER OF YEARS ATTENDING _____

Please check the appropriate boxes:

Applicant

Member

Attends church regularly

Attends occasionally

Belongs to Youth Group

Does not attend

Parent(s)

Member

Attends church regularly

Attends occasionally

Belongs to Sunday School/Bible Fellowship

Does not attend

4. If divorced, please indicate type of custody ordered by the court: Joint Sole

Which spouse holds legal responsibility for school decisions? _____

Is there any special information the school may need?

Signature _____ Date _____

Printed Name of Parent/Guardian completing this questionnaire _____

Relationship to applicant _____