

# APPLICANT QUESTIONNAIRE



## SIXTH THROUGH TWELFTH GRADE

This form is to be completed by the student in his or her own handwriting with blue or black ink.  
Please use complete sentences in answering and return with application.

Applicant's Name \_\_\_\_\_ Applying for Grade \_\_\_\_\_  
Last First Middle

Home Address \_\_\_\_\_ Gender  Male  Female  
City State Zip

### PLEASE COMPLETE EACH OF THE FOLLOWING:

1. Have you trusted Christ as your personal Savior?  Yes  No If yes, when did this occur? \_\_\_\_\_  
Please describe your profession of faith and how it affects your daily life.

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2. Do you attend church regularly?  Yes  No If yes, where do you attend? \_\_\_\_\_  
Are you active in a church youth group?  Yes  No Youth Pastor's name \_\_\_\_\_

3. Describe any other church activities in which you are involved \_\_\_\_\_

4. Why would you like to attend Grace Christian Academy? \_\_\_\_\_

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5. Have you ever been suspended or expelled from school?  Yes  No If yes, please explain \_\_\_\_\_

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6. What is your favorite class in school? \_\_\_\_\_ Why? \_\_\_\_\_

7. What class is your greatest academic challenge? \_\_\_\_\_

8. Have you ever failed a subject?  Yes  No If yes, which subject(s)? \_\_\_\_\_

9. Do you plan on attending college?  Yes  No Where would you like to attend? \_\_\_\_\_

10. Do you enjoy reading?  Yes  No Name of a book you have read most recently \_\_\_\_\_

11. Describe any creative activities (musical, artistic, literary, dramatic) in which you are involved \_\_\_\_\_

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12. Describe any athletic activities in which you are involved \_\_\_\_\_

Would you like to be involved in sports at GCA?  Yes  No Which sports? \_\_\_\_\_

13. Describe any volunteer service work or jobs in which you are involved \_\_\_\_\_

14. Are most of your friends Christians?  Yes  No Are most of your friends your age?  Yes  No

15. Do you have any friends or know anyone at GCA?  Yes  No If yes, who? \_\_\_\_\_

16. How would your friends describe you? \_\_\_\_\_

17. Have you ever used tobacco?  Yes  No Drugs?  Yes  No Alcoholic Beverages?  Yes  No

If yes, please explain \_\_\_\_\_

18. Are you currently taking any medication?  Yes  No If yes, please list medications \_\_\_\_\_

19. Have you ever had any problems with depression, mental illness or psychological disorders?  Yes  No

If yes, please explain \_\_\_\_\_

Grace Christian Academy has a commitment to help students grow academically, spiritually and experientially, and to establish policies which will assist students in lifestyle choices. If accepted as a member of the Grace Christian Academy community, I understand I need to abide by these policies and honor Christ at all times.

- I understand that my academic progress and citizenship will be reviewed at the end of each semester.
- I have completed this questionnaire honestly, in my own words, and in my own handwriting.
- I promise to take my school work seriously, to be honest in all things, and to apply myself to my studies.

I promise to abide by the school policies concerning student conduct, dress, and lifestyle as stated in the school handbook. This includes abstaining both on and off campus from the use or possession of tobacco, alcoholic beverages, illegal drugs, profane language and immoral behavior. I understand that I may be suspended or expelled for any violation of these standards.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return completed form to:**

Grace Christian Academy  
Admissions Office  
5914 Beaver Ridge Road  
Knoxville, Tennessee 37931  
or fax to  
865.531.2574