



PARENT QUESTIONNAIRE

Applicant's Name:

Why are you encouraging your son/daughter to apply to Lutheran High School?

What are your expectations of Lutheran High School regarding your son's/daughter's development in the following areas?

Academic

Spiritual Development

Personal Growth

(questionnaire continued on next page)

PARENT QUESTIONNAIRE (continued)

Other

Does your son/daughter have any special physical, emotional or academic needs? If so, please explain. If the nature of the disability is confidential, please contact or Executive Director to schedule an appointment.

As parents, what is your commitment to Lutheran High School? What may the school expect from you in terms of general support and service?

What are your expectations of Lutheran High School?

Parent Name:

Parent Signature:

Date:
