



FRANKFORD
FRIENDS
SCHOOL

Frankford Friends School

Parent Questionnaire

Lower School

Student's Name _____

First

Middle

Last

Applying for grade _____

Fall of _____

What makes Frankford Friends School your first choice when choosing a school for your child?

What three words come to mind when describing your child?

Please describe your child's special interests or skills.

What has your child most enjoyed about school so far?

How does your son or daughter spend his or her free time?

Has your child ever skipped or repeated a grade? If so, please indicate the grade or grades and the circumstances.

Please describe special circumstances, if any, which may have affected your child's performance in school (for example, illness, changes in residence or schools).

How do you see yourself partnering with FFS in the continuing education of your child?

Is there anything else you would like to share about your child or your family (culture, religion, ethnicity, education, family values, traditions, etc.)?

Parent signature

Date
