



**FRANKFORD
FRIENDS**

SCHOOL

Frankford Friends School
Parent Questionnaire
Middle School

Student's Name _____

Applying for grade _____ Fall of _____

Please tell us what influenced you to apply to FFS.

What qualities or characteristics would you like a school to develop in your child?

How would you describe your child? Please share any academic strengths which may give us a better understanding of your child.

Please describe any academic or social areas of challenge for your child.

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?

Parent signature _____ Date _____