

For Office Use Only:

Date Received _____



Ben Lippen School

Student Questionnaire

Student's name _____

Date _____

Please answer the following questions in your own handwriting.

1. Describe your family: relationship with parents, relationship with brothers and/or sisters, family activities.

2. Describe yourself. How would a friend describe you? How would an adult describe you?
What kinds of things do you like and dislike?

3. Why do you want to attend Ben Lippen School? What do you look forward to the most?

4. If you were to die today, do you know for certain that you would go to heaven? Yes No
What is your understanding of how a person gets to heaven?

5. Describe your spiritual growth over the past year and the goals you have for this year.

6. Describe your friendships? Are you a leader or a follower?

7. How well do you relate to those in authority over you?

8. What single event has had the greatest impact on your life? How has it affected you?
(It may be something good, tragic, or painful.)

Please submit this form along with the application.