

For Office Use Only:

Date Received \_\_\_\_\_



*Ben Lippen School seeks to glorify God by assisting the family and church in equipping students spiritually, academically and socially under the Lordship of Jesus Christ.*

## Ben Lippen School Parent Questionnaire

Student's Name \_\_\_\_\_

Date \_\_\_\_\_

1. Describe your family. What activities do you do as a family?
2. Describe your child's likes and dislikes, personality, temperament, and any special activities in which he/she participates.
3. Why do you want your child to attend Ben Lippen School? What do you look forward to the most?
4. Please provide testimony of your personal relationship with Jesus Christ

**Father**

**Mother**

Has your child made a profession of faith in Jesus Christ?  Yes  No

5. Describe your family's spiritual growth over the past year. What goals do you have for the next year?
6. Briefly describe your view of Christian education.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Signature

Please submit this form along with the application for admission.