

MIDDLE SCHOOL SURVEY

*This form is to be completed by students entering grades 6 – 8 and is to be filled out in his/her own **handwriting**. **No printing, please.***

Spiritual Life

1. Have you accepted Jesus Christ as your Savior? _____ How do you know you are a follower of Christ?
_____.
2. Explain how being a Christian affects your daily life. _____
_____.
3. I make quiet time with the Lord a priority: (circle one) Frequently Occasionally Rarely
4. My attitudes and actions reflect a desire to be Christ-like: (circle one) Frequently Occasionally Rarely
5. Do you, yourself, want to attend Grace Christian School? _____
If yes, explain why you want to go to school at Grace Christian: _____

If no, please explain. _____
_____.
6. Where do you attend church? _____
7. How often do you attend Sunday services? once/month twice/month three times/month four times/month
8. Are you a member of the youth group? _____ How often do you attend? _____
9. What do you like best about your church activities? _____
_____.
10. What do you consider your greatest strength? _____
Tell how you have used this for the Lord: _____
_____.
11. What is the area in which God wants to see growth and improvement in your life? _____
_____.

Academic Life

1. What was your average grade in school last year? _____ Have you ever been on the honor roll? _____
2. In which subject do you do the best? _____ Why? _____
_____.
3. Which subject is most difficult for you? _____ Why? _____
_____.
4. Have you ever failed a subject? _____ What subject? _____
5. Do you get your homework done at school? (circle one) Frequently Occasionally Never
6. Do you have to take homework home to finish? (circle one) Frequently Occasionally Never

~ Please continue on reverse ~

Extra Curricular Activities

1. Do you play an instrument? _____ If so, what instrument? _____
2. Do you enjoy singing? _____ Do you participate in a choir? _____
3. Do you enjoy art? _____ What type of art do you enjoy doing? _____
4. Do you like sports? _____ Which sport do participate in? _____
5. What hobbies do you enjoy? _____
6. How often do you read? _____
7. Name the last two books you have read: _____
8. What type of music do you like best? _____
9. Who is your favorite music artist or group? _____
10. What radio station do you listen to? _____

Free Time Activities

1. On average, how many hours per day do you spend watching TV? _____ hours
2. What are your two favorite TV programs? _____
3. What are the last two movies you watched? _____
4. On average, how much time do you spend per day on the computer? _____ hours
5. Do you have a job after school or weekends? _____
What type of job is it and how many hours do you work? _____

Relationship Issues

1. Are most of your friends Christians? _____ Are most of your friends the same age as you? _____
If not, are they older or younger than you are? _____
2. Have you ever had difficulty getting along with teachers or fellow students? _____
If so, explain: _____

Behavior Issues

1. Do you use swear words or "foul" language? (circle one) Frequently Occasionally Never
2. Have you ever used or had in your possession:
Tobacco? _____ Alcohol? _____ Illegal Drugs? _____ Inhalants? _____ or willfully misused
over-the-counter or prescription medication? _____ If so, explain: _____

Did you receive any help in answering the above questions? _____ (if the answer is "yes", please explain with which ones and how much help you received.) _____

With my signature below, I certify that I have answered the above questions honestly and completely.

Signature: _____ **Date:** _____