

FREDERICKSBURG CHRISTIAN SCHOOLS

Fredericksburg Upper School

9400 Thornton Rolling Road
Fredericksburg, Virginia 22408
540-371-3852 540-371-4121 (FAX)

Fredericksburg Lower School

2231 Jefferson Davis Highway
Fredericksburg, Virginia 22401
540-373-5357 540-899-6211 (FAX)

Stafford Campus

101 Shepherd's Way
Stafford, VA 22556
540-659-1279 540-659-4914 (FAX)

STUDENT BIOGRAPHY

For students entering grades 6 -12

The following questions are to be answered by the applicant in his/her own handwriting. If more space is needed please use another sheet of paper, giving your name and indicating the question being answered. Staple all additional papers used to this form.

Name _____ Nickname _____

Birth Date _____ Current Grade (Circle One): 5 6 7 8 9 10 11 12

Address _____ City _____

Parents' Name(s) _____ Telephone _____

Number of brothers and sisters (include ages): _____

Church you attend _____ Do you attend church every Sunday? ___ YES ___ NO

Do you attend Sunday School regularly? ___ In what other church programs are you actively involved?

If you are a Christian, how do you know? (Use additional paper if necessary) _____

ACTIVITIES

Sports (list which ones)

Music

Do you take music lessons? ___ YES ___ NO What instruments? _____

Do you like to sing? ___ YES ___ NO I would like to be in: ___ Band ___ Orchestra ___ Choir

What type of music do you listen to? _____

What are your hobbies? _____

What other activities do you enjoy? (i.e. Scouts, clubs) _____

If you have a free afternoon, what do you enjoy doing the most? _____

How much time do you spend on homework per day? _____

What is your favorite subject in school? _____ Most challenging? _____

Do you enjoy reading? ___ YES ___ NO What type of literature do you like to read? (Check one or more)

___ Fiction ___ Mystery ___ Sports ___ Biography ___ Poetry ___ Other (list below)

(PLEASE COMPLETE BOTH SIDES OF STUDENT BIOGRAPHY)

What was the last book you read for pleasure? _____

Do you have a computer at home? ____YES ____NO

How much time do you spend watching TV on a school night? _____ How often do you go to the movies? _____

Name the last three movies you saw:

1. _____ 2. _____ 3. _____

Are most of your friends Christians? ____YES ____NO Are most of your friends near your age? _____

Select three adjectives that friends might use if asked to describe you: _____

Have you ever used: Tobacco: ____YES ____NO Illegal Drugs ____YES ____NO Alcoholic Beverages ____YES ____NO

If there is a "Yes" answer, please explain: _____

How did you learn about FCS? _____

How do you personally feel about coming to FCS? _____

Why or why not? _____

Do you know any current students at FCS? ____YES ____NO If so, who are they? _____

What was your average grade in school last year? _____ Have you ever been on the Honor Roll? ____YES ____NO

Have you received any honors in school or outside of school? _____

Have you ever failed a subject: ____YES ____NO If yes, why? _____

Have you ever been suspended or expelled from school? ____YES ____NO If yes, why? _____

Do you plan to attend college? ____YES ____NO What do you think you might do as an adult? _____

Do you have a job after school or on weekends? ____YES ____NO If yes, what is it? _____

How many hours do you work per week? _____ Not Applicable _____

With my signature below, I affirm that I have answered the above questions honestly and completely and have not held back information the school ought to know about me. If admitted to Fredericksburg Christian School, I pledge to accept the authority of the school, keep the school rules, and adhere to the Standards of Conduct stated in the FCS Handbook as best I can throughout the time I am enrolled in Fredericksburg Christian School.

(Signature)

(Date)