

TRINITY CHRISTIAN SCHOOL
Middle School Questionnaire



Student's Name: _____
Last First

Do you want to attend Trinity? Yes No Please explain your answer.

Do you usually enjoy school? Yes No Somewhat

What are your favorite subjects in school? _____

What are your most difficult subjects in school? _____

Sports you like to play: _____

Hobbies you have: _____

Type of music you like best (favorite singers, bands, or songs): _____

Kind of movies or television programs you enjoy most: _____

Do you play video games? If so, what kind? _____

Favorite books or magazines: _____

Other things you do for fun: _____

Do you participate in social media? Yes No

If yes, on what site(s)? _____

Name of church you attend: _____

What church services and meetings do you regularly attend? _____

Are you a Christian? Yes No Unsure

In your own words, please share who Jesus Christ is, how He relates to your life personally and the affects that has had. Also include something about your church background or experience.

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____