



Family Questionnaire

Child's Name:	Current School Name:
Applying for Academic Year:	Home Address:
DOB:	Home City, State, Zip:
Your Name:	Phone Number:
Spouses/Partner's Name:	Email:
Others who live in your home:	



1. What excites you about an Akiva education?

2. What are your child's favorite activities?

3. Please describe any involvement your child has had in any extracurricular activities.

4. Is there anything you would like to share about your home life or your child that will give us a deeper understanding of who s/he is?



5. Please check all that apply.

My child has:

- Received and/or recommended for Speech Therapy
- Received and/or recommended for Occupational Therapy
- Received and/or recommended for Social/Emotional support
- Received and/or recommended for educational testing
- Received and/or recommended tutoring (please specify subject _____)
- Repeated/skipped a grade Please specify:
- Participated in a gifted program
- Is bilingual

6. (Lateral transfers only) Please describe your child's study habits. How motivated is your child to work outside of the classroom?

7. How did you hear about Akiva School?

8. Is there anything we should know about your child?



9. As a parent, how would you engage and participate in the Akiva community? Is there anything more you would like us to know about to better welcome you as a family?
