



East Gate Christian Academy

Student Questionnaire

This questionnaire is to be completed by students applying to enter grades 5 through 12.
Photocopies may be made for additional students.

Student Name

Grade _____

Parent Name

1. Have you accepted Jesus Christ as your Savior? ____ Yes ____ No
If yes, please describe how and when you came know Him.

2. Describe how you feel about changing schools.

3. Why do you want to attend East Gate Christian Academy?

4. How do you feel about attending a Christian school?

5. Please describe your involvement in church activities.

6. Have you read the EGCA Parent Handbook? _____ Yes _____ No
Are there any questions regarding the Handbook? If so, please list your questions.

7. Are you interested in any particular extra-curricular activities?

8. In what sports or activities have you previously been involved before coming to EGCA?
