

# CCHS APPLICATION SURVEY

**THIS FORM IS FOR GRADES 9-12**

*To be filled in by the student in his/her own **HANDWRITING**. No printing, please.*

Name \_\_\_\_\_ Sex \_\_\_\_\_ Grade Entering \_\_\_\_\_

          Last                      First                      Middle

Birthdate \_\_\_\_\_ Age \_\_\_\_\_

          Month                      Day                      Year

## **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 Cascade Christian? \_\_\_\_\_

If yes, explain why you want to go to school at Cascade Christian: \_\_\_\_\_

\_\_\_\_\_

If no, please explain. \_\_\_\_\_

\_\_\_\_\_

6. Are you a member of a youth group? \_\_\_\_\_ How often do you attend? \_\_\_\_\_

7. What do you like best about your church activities? \_\_\_\_\_

\_\_\_\_\_

8. What do you consider your greatest strength? \_\_\_\_\_

Tell how you have used this for the Lord: \_\_\_\_\_

\_\_\_\_\_

9. What is the area God wants to see growth and improvement in your life? \_\_\_\_\_

\_\_\_\_\_

## **Academic Life**

1. In which subject do you do the best? \_\_\_\_\_ Why? \_\_\_\_\_

\_\_\_\_\_

2. Which subject is most difficult for you? \_\_\_\_\_ Why? \_\_\_\_\_

\_\_\_\_\_

3. Have you ever failed a subject? \_\_\_\_\_ What subject? \_\_\_\_\_

4. Do you get your homework done at school? (circle one) Frequently Occasionally Never

5. Do you have to take homework home to finish? (circle one) Frequently Occasionally Never

**OVER PLEASE**

### Extra Curricular Activities

1. What school activities are you interested in? \_\_\_\_\_
2. What hobbies do you enjoy? \_\_\_\_\_
3. How often do you read? \_\_\_\_\_
4. Name the last two books you have read: \_\_\_\_\_
5. What type of music do you like best? \_\_\_\_\_
6. Who is your favorite music artist or group? \_\_\_\_\_
7. What radio station do you listen to? \_\_\_\_\_

### Free Time Activities

1. List your free time activities: \_\_\_\_\_
2. How much time do you spend watching TV? Average number of hours daily? \_\_\_\_\_ hours
3. How much time do you spend on the computer? Average number of hours daily? \_\_\_\_\_ hours
4. What are your two favorite TV programs? \_\_\_\_\_
5. What are the last two movies you watched? \_\_\_\_\_
6. Do you have a job after school or weekends? \_\_\_\_\_
7. 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. 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: \_\_\_\_\_

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

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_