



St. Elizabeth of Hungary Catholic School

4019 S. Hampton Rd. • Dallas, TX 75224
Phone: 214-331-5139 • Fax: 214-467-4346

PARENT QUESTIONNAIRE

APPLICANT'S FULL NAME

Last

First

Middle

CURRENT GRADE: _____ **APPLYING TO GRADE:** _____

Has your child ever skipped a grade? Yes No If Yes, what grade? _____

Has your child ever repeated a grade? Yes No If Yes, what grade? _____

Has your child ever been suspended or dismissed from any school? Yes No
If Yes, please describe:

Has your child ever had any specific academic difficulties? Yes No
If Yes, please describe:

Does your child have any diagnosed learning differences? Yes No
If Yes, please describe:

Has your child ever been on medication for educational purposes? Yes No
If Yes, please describe:

Does your child have any handicap that will necessitate special consideration? Yes No
If Yes, please describe:

Is your child able to return to his/her present school (for any student currently attending K-8th grade)? Yes No
If No, please describe:

Please give the reason(s) for seeking admission to St. Elizabeth of Hungary Catholic School.