CELC Middle School is designed for teachers and students to work openly and directly with one another, forming relationships built on trust and thoughtful consideration of a student’s best interest as a learning and growing human being. Family is an essential aspect of the success of a CELC student.

We ask parent(s) and student to provide information to best help us prepare for a student’s needs and ensure CELC is suited to meet those requirements.

Please take the time to carefully answer the questions on the following application/questionnaire. We request that the student provides hand-written answers. Use a separate sheet if necessary. Thank you!

Name of student:

Name(s) of Parent / Guardians:

For Parent(s):

What adjectives or phrases come to mind when describing your child?

_________________________________________________________________________________________

_________________________________________________________________________________________

How does this student interact with peers (academically/socially)? Please note any particular academic and social needs of which we should be aware. Please state how these needs were met in the past.

_________________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________
How does your child demonstrate self-motivation to learn?

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Please describe your child as a learner. Include information about your child’s strengths, interests, and learning style, as well as information about areas of challenge or those that require refinement.

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

What do you feel your child will gain by attending CELC?

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Please describe what you expect your child to receive from an educational experience at CELC.

__________________________________________________________________________________
__________________________________________________________________________________
What are your goals for your child, and how do you see CELC helping to meet these goals?

Please use the rest of this page. Is there anything else you would like us to know?
Dear Student,

We hope you will take the time to carefully answer the following questions to help us to get to know you. We request that you provide hand-written answers. Please use a separate sheet if necessary. If you have any questions for us, please ask!

Thank you very much. – M & M

Why are you interested in being a student with CELC?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

What makes you the interesting person that you are? (Be sure to include qualities that you like best about yourself)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

What do you like most about school? Why?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
What do you like least about school? Why?

____________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________

What kinds of activities do you like outside of school?

____________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________

How would your teacher describe you as a student? How do you describe yourself as a student?

____________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________

Complete the following sentences:

I feel that my strengths are ____________________________________________________________________________________________
____________________________________________________________________________________________________________________________________

I feel that I need to improve in ______________________________________________________________________________________
____________________________________________________________________________________________________________________________________

What else would you like us to know about you? Please use the back of this page.