

*Student Questionnaire*

**1. Student Information:**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Previous School (if this is your first year at AMS): \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

**2. Family Information:**

Do you have any brothers or sisters? What ages? Do they live with you? \_\_\_\_\_

\_\_\_\_\_

What language(s) do you speak at home? (leave blank if only English) \_\_\_\_\_

\_\_\_\_\_

Do your parent(s)/guardian(s) speak English? (circle one) YES NO

Do you have a computer with Internet access at home? (circle one) YES NO

### 3. Your Activities and Interests:

Which school subject(s) do you like most? \_\_\_\_\_

\_\_\_\_\_

What are some of your interests? (for example: sports, music, television, movies) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you participate or plan to participate in any extracurricular activities? If so, which ones?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you imagine yourself doing ten years from now? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you like math? Why or why not? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 4. Other Information:

Is there anything else that you would like me to know?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Thank you for filling out this questionnaire.  
I look forward to a successful school year with you!