



SALEM COUNTY CHRISTIAN ACADEMY

UPPER SCHOOL STUDENT QUESTIONNAIRE

(required for ALL 6th - 12th grade students)

The following questions are to be answered by the applying student in his/her OWN handwriting.

Name: _____ Cell Phone: _____ GRADE ENTERING: _____

_____ Returning Student

_____ New Student

1. How did you first learn about SCCA? _____

2. Why do you want to attend SCCA?) _____

3. Do you get most of your homework finished at school, or do you often take it home with you? _____

4. Which subject is hardest for you? _____ Why? _____

5. Which subject is easiest for you? _____ Why? _____

6. Are you a Christian? **Yes/No** (circle one) How long have you been a Christian? _____

How do you know? _____

7. Do you go to church and Sunday school regularly? **Yes/No** (circle one)

Where? _____ Pastor's Name _____

8. Do you sing in choir? **Yes/No** (circle one) Play an instrument? **Yes/No** (circle one) _____

9. Are you involved in your church youth group? **Yes/No** (circle one) How? _____

10. What was your grade average in school last year? _____ Have you ever been on the honor roll? **Yes/No** (circle one)

11. Have you ever failed a subject? **Yes/No** (circle one) Which Class? _____

Why? _____

12. Have you ever been suspended or expelled from school? **Yes/No** (circle one)

Why? _____

13. Do you plan to go to college? **Yes/No** (circle one)

What do you think you might do as an adult? _____

14. Do you like sports? **Yes/No** (circle one)
Which one do you like best? _____

15. What are your hobbies and interests? _____

16. Favorite video game? _____ Why? _____

17. How often do you read a book? **Daily? Weekly? Seldom? Never?** (circle one)
Favorite writer/Book? _____ Why? _____
Name of a book that you have read recently? _____

18. What kind of music do you listen to? _____ Favorite Singer? _____
Favorite song? _____ Why? _____

19. How much time do you spend watching TV each day? _____ HRs Favorite show to watch? _____

20. How much time of social media? _____ HRs What platforms? _____

21. Name the last three movies that you have seen? _____

22. Do you have a job after school or on the weekends? **Yes/No** (circle one)
What is your job? _____ Where? _____

23. Are many of your friends Christians? **Yes/No** (circle one)

24. Are most of your friends the same age as you are? **Yes/No** (circle one)

25. Do you know other students who will be coming to SCCA? **Yes/No** (circle one)
Who attends SCCA? _____

26. Have you received any honors in school or outside of school? **Yes/No** (circle one)
What honors? _____

27. Select three adjectives that friends might use if asked to describe you. _____

28. Have you ever used tobacco? **Yes/No** (circle one) used Drugs? **Yes/No** (circle one) used Alcohol? **Yes/No** (circle one)
If there is a yes answer, please explain. _____

I have answered these questions honestly, accurately, and completely. **Yes/No** (circle one)

Student Signature _____ **Date:** _____