

Parent Questionnaire

The Pegasus School Parent Questionnaire

Your responses to the following questions will help The Pegasus School determine if its program can best serve the needs of your child.

Name of Applicant _____ **Applying to Grade** _____ **Date** _____

1. What special academic abilities has your child demonstrated? (For applicants in grades 1-8 only)

2. Please comment on your reasons for applying to The Pegasus School for your child.

3. Has your child received tutoring in or out of school?

If yes, please indicate the subject area(s):

4. Please use this space to add to your child's profile. Please indicate strengths, needs, special talents, and passions.

