

# HOMESCHOOL QUESTIONNAIRE SY 2017-18

1 Student's full name:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 30%;"></td> <td style="border-bottom: 1px solid black; width: 30%;"></td> <td style="border-bottom: 1px solid black; width: 30%;"></td> <td style="border-bottom: 1px solid black; width: 10%;"></td> </tr> <tr> <td style="text-align: center; font-size: small;"><i>LAST</i></td> <td style="text-align: center; font-size: small;"><i>FIRST</i></td> <td style="text-align: center; font-size: small;"><i>MIDDLE INITIAL</i></td> <td style="text-align: center; font-size: small;"><i>EXTENSION (IF ANY)</i></td> </tr> </table>					<i>LAST</i>	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>EXTENSION (IF ANY)</i>
<i>LAST</i>	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>EXTENSION (IF ANY)</i>						
2 How did you find out about VCIS HomeStudy?	<input type="checkbox"/> internet <input type="checkbox"/> church (please specify: _____) <input type="checkbox"/> social media <input type="checkbox"/> homeschool conference <input type="checkbox"/> a friend who is enrolled <input type="checkbox"/> a friend who is not enrolled <input type="checkbox"/> others (please specify: _____)								
3a How many years have you been homeschooling?	<input type="checkbox"/> never, this will be my first time <input type="checkbox"/> one year <input type="checkbox"/> 2-5 years <input type="checkbox"/> more than 5 years								
3b How do you define homeschooling?									
3c What are your reasons for homeschooling?	<input type="checkbox"/> unsatisfied from my child's previous school <input type="checkbox"/> to protect my child from negative experiences in school (bullying, teacher factor, etc) <input type="checkbox"/> to provide biblical instruction to my child <input type="checkbox"/> to provide moral/character building training to my child <input type="checkbox"/> to provide nontraditional approach of education <input type="checkbox"/> my child has a physical/psychological/mental health problem <input type="checkbox"/> others (please specify: _____)								
4 Who will be the main homeschool teacher of your child?	<input type="checkbox"/> both parents <input type="checkbox"/> parent ( <input type="checkbox"/> mother <input type="checkbox"/> father) <input type="checkbox"/> guardian (relation to student: _____) <input type="checkbox"/> tutor/s <input type="checkbox"/> group of homeschoolers/ co parent teacher <input type="checkbox"/> others (please specify: _____)								

\_\_\_\_\_  
FULL NAME AND SIGNATURE OF PERSON COMPLETING THIS FORM

\_\_\_\_\_  
RELATION TO STUDENT

\_\_\_\_\_  
DATE

Thank you!