



Name _____ Date _____

1. What are your favorite academic subjects and why? _____

2. What academic subjects do you find more challenging? _____

3. Do you speak any world languages? Yes No If yes, please indicate what language(s) you speak. _____

4. Please list any school or community organizations to which you belong, and tell us a little about your experience. _____

5. Please list any sports programs in which you participate, and tell us a little about your experience. _____

6. Of the following sports offered by Wellington, please check the programs in which you may want to participate:

- Golf Tennis Swimming/Diving Softball Soccer Basketball Baseball Lacrosse

STUDENT QUESTIONNAIRE (Continued)

7. Do you play an instrument, take music lessons, or participate in a music program? Please tell us about your experience. _____

8. Do you participate in any visual or performing arts programs? Please tell us about your experience. _____

9. Please tell us how you spend your free time. _____

10. Please describe your personality. _____

11. What do you enjoy most about school? _____

12. What would you bring to the Wellington community? _____

STUDENT SIGNATURE _____ **DATE** _____