



Denver Academy  
of Torah  
HIGH SCHOOL

## PARENT/GUARDIAN QUESTIONNAIRE

*The purpose of this questionnaire is to discover more about your child. Your insights are invaluable in helping the school offer the most appropriate educational program for your child. Your candid and thoughtful responses will help us in this goal. Please use a separate piece of paper to complete answers should you desire additional space. You may also choose to type your answers on a separate page.*

Student Name: \_\_\_\_\_

Name of Person Filling out Questionnaire: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Date: \_\_\_\_\_

What do you hope for your child to gain and learn at DAT High School? Please address academic, inter-personal, and Judaic areas.

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Describe something about your child's abilities, talents and interests.

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What does it mean to your family to be Jewish and what do you think being Jewish means to your child?

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What is your child's general attitude towards school and schoolwork?

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Please describe any difficult circumstances (i.e. physical, emotional, medical, etc.) of which the school administration should be aware:

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Has the applicant undergone any visual, hearing, or other educational assessment since 3<sup>rd</sup> grade?

Yes

No

*(If yes, please elaborate on a separate page and include any reports in order for your application to be complete.)*

How could you, as a parent and community member, contribute to making DAT High School an outstanding educational environment?

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Please feel free to offer additional comments about your child.

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