

St James-St. John School Visitor Form

Please fill out and return to school

DATE OF VISIT

LAST NAME

FIRST NAME

NAME OF YOUR STUDENT AMBASSADOR

ADDRESS OR P.O. BOX

CITY

STATE

ZIP

CURRENT SCHOOL

CITY

CURRENT GRADE

@

EMAIL ADDRESS (IF APPLICABLE)

1. What have you previously heard about St James-St John School that made you interested in visiting today?
2. What activities do you participate in at your current school (outside of the classroom)?
3. What activities do you participate in during your free time? Hobbies? Interests?
4. Does your family belong to a church? If yes, please name. _____
How does your family participate in your church?
5. Have you completed any community service involvement or volunteer work? Please explain.

6. What sports and co-curricular activities are you currently involved in?

7. Please list any other schools are you interested in attending in order of preference.

Thank you for visiting! Mrs. Raposo

PLEASE DO NOT WRITE BELOW THIS LINE –FOR OFFICE USE ONLY

LEGACY _____

INTERVIEW:

COMMENTS:

	HIGH									LOW
APPEARANCE	1	2	3	4	5	6	7	8	9	10
ATTITUDE/INTEREST	1	2	3	4	5	6	7	8	9	10
RECOMMEND	1	2	3	4	5	6	7	8	9	10