



FRESTA VALLEY CHRISTIAN SCHOOL

6428 Wilson Road Marshall, VA 20115
540.364.1929 Fax: 540.364.4603
www.frestavalley.org

Name of applicant _____

Applying for grade _____

Parent Questionnaire

1. In your own words please state why you wish to enroll your child and what you hope your child will gain from his/her experience at Fresta Valley Christian School.

2. What qualities of Fresta Valley Christian School influenced your decision to apply for admission?

3. If admitted to Fresta Valley Christian School, my child will enroll:

with enthusiasm willingly with reluctance

4. Do you plan to keep your child at Fresta Valley Christian School through High School? Yes No

5. How did you hear about Fresta Valley Christian School?

My church
 Referred by another school (school name): _____
 Referred by a friend:
 Website
 Other _____