

LEGACY CHRISTIAN ACADEMY

Student Response Form – 2018/2019

Student's First Name: _____ Last Name: _____

Circle Entering Grade in Fall 7th, 8th, 9th, 10th, 11th, 12th

~ The following questions are to be answered independently by all students entering 7th grade and above. ~

Dear Student,

We are excited that you want to be a part of the Legacy community! In order to help us get to know you more personally, please take a few moments to respond to the following questions. Our desire is that you feel safe and comfortable enough to respond with honesty. We genuinely want to know how we, as a community, can best come alongside you in your academic & spiritual journey. We look forward to hearing about you!

1. How are you feeling about attending Legacy in the fall? Do you have any concerns or fears?

2. What are some of your interests/hobbies/activities? Anything you feel particularly passionate about? _____

3. Do you feel confident that you are a Christian and assured of a home in Heaven when you die? **Yes No (circle one)**

- If not, what are your uncertainties about your relationship with God? _____

- If yes, please share the following with us:

a. What makes you a Christian? _____

b. How/when did this relationship begin? _____

c. How are you nurturing this relationship and drawing closer to Him personally?

4. Do you use social media? **Yes No (circle one)** How often? _____