Student Entry Questionnaire

**Please answer each question in great detail. This questionnaire must be filled out completely before meeting with the school administrator.**

Name: Phone#:

Date:

Course interested in taking: Email:

1. What interests you the most about this program?
2. What are your short-term goals?
3. What are your long-term goals?
4. How soon would you like to start school?
5. How do you plan to pay for this course?

**Please write any concerns you have about attending school or any concerns at all.**

Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have interviewed the above-named prospect student.

(Name)

School Official Sign \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_