



SPFLS International Student Program – STUDENT SURVEY

Providing life-long foundations for life-long learners

This survey may be completed by the student or a parent and student together.

Student's Life Survey

1. Tell about your family (sisters, brothers, grandparents, etc.)

2. Which subjects interest you the most?

3. What are your favorite activities or interests outside of school?

4. Of the qualities you possess, which one would you like people to admire the most? Why?

5. What do others like most about you?

6. English language proficiency tests taken:

TOEFL date: _____ score: _____

Other: _____ date: _____ score: _____

7. List 2 or 3 things you hope to gain from studying at our school.

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8. What are you interested in doing for your life's occupation?

9. Name of Agency (If applicable)

Contact Person at Agency

Mailing Address

Phone: _____
(include country, city and area codes)

Email Address: _____

10. If you have a relative or friend in the United States that you would want us to contact in case of an emergency, please provide the information below:

Name _____

Home Phone number: _____

Mobile phone number: _____

Email address: _____

11. Please list any allergies you (the student) has to food, animals, medicines, etc.

12. Please attach a photo of you and family or friends.