

Parent Survey

Family Name _____ Date _____

1. What are the qualities at Discovery Community School that most appeal to you?

2. What would you like your child to derive from this school experience?

3. Please relate information you feel is important regarding your child's learning style.

4. What do you see your family offering to Discovery Community School with the 65 parent volunteer hours you will contribute?

5. Is there any other information that you would like to share with us about your child?

Special Services _____ I.E.P. _____

Allergies or health Concerns? _____

Please return as soon as possible to Discovery Community School