



Blessed be God!

Vincent Memorial Catholic High School

525 W. Sheridan Ave. Calexico, CA. 92231 • Tel (760)357-3461 • Fax (760)357-0902

E-mail: vmchs@aol.com • Web: vmchs.com

## PARENT QUESTIONNAIRE

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Date \_\_\_\_\_

1. WHAT ARE YOUR GOALS AND MOTIVES IN ATTENDING VMCHS?

2. WHAT ARE YOUR EXPECTATIONS?

3. ARE YOU WILLING TO COMMIT TO THOSE ATTITUDES AND VALUES THAT ARE ESSENTIAL PRECONDITIONS FOR THE SUCCESS OF THE SCHOOL'S TOTAL PROGRAM OF CHRISTIAN EDUCATION AND FORMATION?

4. DO YOU UNDERSTAND THE ROLE OF PARENT(S) AS PRIMARY EDUCATORS, MOST ESPECIALLY IN THE AREA OF RELIGIOUS AND MORAL EDUCATION?

5. ARE YOU WILLING TO PROMOTE REGULAR FAMILY PRAYER AND WEEKLY PARTICIPATION IN SUNDAY WORSHIP?

6. DO YOU REALIZE THE IMPORTANCE OF EFFECTIVE PARENTAL SUPPORT OF THE SCHOOL'S PHILOSOPHY AS WELL AS ITS RULES AND REGULATIONS AND ARE YOU WILLING TO EMBRACE THEM?

7. WILL YOU SUPPORT THE COMMITMENT OF THE SCHOOL AND THE DIOCESE TO FOSTER RACIAL EQUALITY?

8. WILL YOU ASSUME THE FINANCIAL AND SERVICE OBLIGATIONS OF ENROLLING STUDENTS AT VMCHS?

9. DO YOU HAVE ANY COMMENTS OR CONCERNS?

Parent(s) Signature \_\_\_\_\_ Date \_\_\_\_\_