

MONSIGNOR DONOVAN CATHOLIC HIGH SCHOOL
GUIDANCE DEPARTMENT QUESTIONNAIRE
(must be completed by all students)

The information here is confidential. The purpose of this questionnaire is to help us know you better so that we can better assist you at MDCHS.

1. PERSONAL

NAME: _____
(LAST) (FIRST) (MIDDLE) (NAME CALLED)

GRADE LEVEL: 9 10 11 12 SOCIAL SECURITY # _____

HOME ADDRESS: _____ PHONE: (____) _____

DATE OF BIRTH: _____ CITY OF BIRTH: _____ YOUR RELIGION: _____

THE LAST SCHOOL I ATTENDED (before MDCHS) WAS: _____

YOUR E-MAIL ADDRESS: _____

2. FAMILY

I AM PRESENTLY LIVING WITH (check one): Father and Mother ____ Father Only ____
Mother Only ____ Mother & Stepfather ____ Father & Stepmother ____ Other _____

CHECK IF APPROPRIATE: Father Deceased ____ Mother Deceased ____

**THE FOLLOWING INFORMATION DEALS WITH THOSE WITH WHOM YOU ARE
PRESENTLY LIVING:**

FATHER (Stepfather or Guardian): Full Name _____

Occupation _____ Place of Work _____ Business Phone _____

Cell Phone _____ His Religion _____ E-mail _____

MOTHER (Stepmother or Guardian): Full Name _____

Occupation _____ Place of Work _____ Business Phone _____

Cell Phone _____ Her Religion _____ E-mail _____

NUMBER OF: Older Brothers ____ Older Sisters ____ Younger Brothers ____ Younger Sisters ____

How many of these siblings are still living in your home? Brothers ____ Sisters ____

If you have any brothers or sisters currently attending MDCHS, please list their name(s) here:

3. HEALTH

Do you have any permanent medical condition? Yes _____ No _____

If Yes, please specify: _____ Glasses _____ Contacts _____

In the past year, have you had any illness or accident that kept you out of school for one month or more?

Yes _____ No _____ If yes, please explain: _____

4. OTHER

What was your overall grade average last year? A _____ B _____ C _____ D _____

Do you have a job during the school year? Yes _____ No _____ If yes, what kind of work? _____

Hours per week _____ Do you have a job in the summer only? Yes _____ No _____

If yes, what kind of work? _____

WHICH, IF ANY, WOULD YOU LIKE TO DISCUSS WITH A COUNSELOR?

Education or academic concerns? _____ Career _____ Personal or Family Difficulty? _____

Other (Please specify briefly) _____

5. CLUBS AND ACTIVITIES

List any clubs or extracurricular activities you are currently involved in:

Please list any extracurricular clubs or sports you would like to participate in as a student at Monsignor Donovan Catholic High School:

CLUBS

ATHLETICS

1.

1.

2.

2.

3.

3.

4.

4.