



Admissions Office
206 Red Cross Way
Denver, CO 80230
Phone: (303)340-DMIS (3647)
Fax: (303)360-9426

PARENT QUESTIONNAIRE

Please return by December 15

APPLICANT _____ Applying to Grade _____

Name of Parent(s) completing this form _____

In order to help us get to your know your child, we would appreciate your comments below.

What words would you use to describe your child's personality?

What are your child's interests and activities?

How does your child respond to new situations and challenges?

Describe any areas in which your child has received academic support. (Please attach relevant reports)

What attracted you to DMIS?

What would you like DMIS to do for your child?

Why is it important for your child to learn another language?

How would you like to be involved at DMIS?

Is there any additional information about your child, your family or your expectations that you would like to include?
