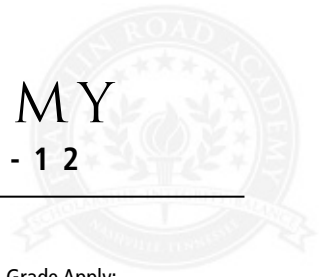


FRANKLIN ROAD ACADEMY

STUDENT QUESTIONNAIRE GRADES 6 - 12



Student Name: _____ Grade Apply: _____

These questions are to be completed by the student and will be kept confidential with the FRA Admission Committee. Your answers will help us get to know you a little better. There are no right or wrong answers. Please attach additional sheets if more space is needed.

Why do you want to attend Franklin Road Academy? _____

What will you contribute to Franklin Road Academy? _____

What are your favorite subjects in school, and why do you enjoy them? _____

What would you like to gain from your FRA experience? _____

Please describe your perfect school day. _____

I acknowledge that I completed the information on this application and certify that it is accurate to the best of my knowledge.

Student Signature: _____ Date: _____