

Personal information

Name and address

* 1. Name: Please enter your full legal name or ID code

Surname

Given names

2. Please enter your date of birth

Month

Day

Year

* 3. Please enter your gender

Male

Female

4. Please enter your primary e-mail address

5. What language do you speak at home?

School activity data

Description of school experience

* 6. How many years have you been a student at this school?

- Less than 1
- 1-2
- 3-5
- 6 years or more

* 7. Are you an IB student?

- Yes
- No

* 8. If you are an Advanced Placement student, ,

	0	1	2-3	4-5	5 or more
How many AP exams will you write this year?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How many AP exams have you already written and received a score for?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 9. Are you in residence at your school?

- Yes
- No

10. If yes, how many years have you been in residence?

- Less than 1
- 1-2
- 3-5
- 6 years or more

* 11. How many hours of paid employment do you average per week during the school year?

- 0
- 1-5
- 6-14
- 15 or more

Academic engagement

* 12. How many times per week would you engage in the following activities:

	0	1-2	3-5	6 or more
Discuss an assignment with a teacher	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work on an assignment with a classmate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work on an assignment outside of class, alone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 13. Indicate how many times this school year, you have been required to complete the following activities:

	0	1-3	4-7	8 or more
Write a composition greater than 5 pages in length	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Give a speech longer than 3 minutes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 14. Would you agree or disagree with the following statement: "I feel safe, valued, and respected at my school."

Agree

Disagree

Participation

Level of engagement in activities

* 15. How many hours per week do you spend engaged in:

	0	1-3	4-8	9 or more
organized sports? (i.e. on an ice hockey team)	€	€	€	€
co-curricular activities? (i.e. as a member of a student government or school club)	€	€	€	€
volunteer activities?	€	€	€	€

Future aspirations

Post-secondary/Career plans

16. Career: At this time, what career field are you considering? (Business, Science, Arts, etc.)

17. List, in order of preference, the top three post-secondary institutions you plan on applying to.

University #1

University #2

University #3

