



QUESTIONNAIRE FORM
EYE LEVEL ATHENS

DATE / /

PARENT SURNAME _____ NAME _____ ADDRESS* _____
TELEPHONE* _____ PROFESSION* _____ EMAIL _____

STUDENT SURNAME _____ NAME _____ DATE OF BIRTH _____

GENDER		AGE		SCHOOL*		CLASS*	
NEW STUDENT	Y <input type="checkbox"/> N <input type="checkbox"/>	EYE LEVEL STUDENT	Y <input type="checkbox"/> N <input type="checkbox"/>	REGISTRATION	Y <input type="checkbox"/> N <input type="checkbox"/>	SIBLING IN EYE LEVEL	ONE <input type="checkbox"/> TWO <input type="checkbox"/>

1. How did you learn about Eye Level Athens? Newspaper Website Facebook Recommendation Street signage Flyer

OTHER: _____

2. Which subject would you like to attend? Math Play Math English Chinese

3. Why would you like to enroll your child in Eye Level? Development of mathematical critical thinking Improve school performance Creative occupation
Acquisition of problem solving skills Acquisition of better studying practices

OTHER: _____

4. How do you categorize your child's performance in Mathematics at school now? Below average Average Excellent Math school grade* _____

5. Which is his/her overall performance at school? Below average Average Excellent Overall school grade* _____

6. Describe the dexterities that you would like your child to obtain at Eye Level: Concentration and attention span improvement Self-directed learning
High performance studying practices Academic challenge for gifted student Low grade student support and confidence building

MORE COMMENTS: _____

* The answers to the above questions are non-obligatory.