

STUDENT QUESTIONNAIRE

Name & First Name :

Please answer the following questions as fully as possible. If you are unsure about a question, ask your teacher to help you.

1. Which educational system have you been following up until now ?

- American British
 IB Other:

2. Present School :

City :

Country :

Present Grade : 7th 8th 9th 10th 11th

3. Have you obtained any school diplomas / certificates ?

- No Yes – please send copies.

4. Have you ever taken any of the following tests ?

- PSAT 8/9 PSAT 10 PSAT
 SAT ACT GCSE
 IGCSE AS A Level
 Other No

5. Are you interrupting your school studies in order to come to Brillantmont International School ?

- No Yes

If yes, for how long :

- Less than a year 1 to 2 years

6. Future University / College plans :

- US College / University in the US US College in Europe
 British University Swiss University
 Return to home country Undecided

7. Future career / profession

- | | |
|--|---|
| <input type="checkbox"/> Medicine | <input type="checkbox"/> Engineering |
| <input type="checkbox"/> Law | <input type="checkbox"/> Hotel Management |
| <input type="checkbox"/> Art & Design | <input type="checkbox"/> Undecided |
| <input type="checkbox"/> Other : | |

8. Which foreign language(s) do you know and at which level ?

	Mother tongue	Fluent	Advanced	Intermediate	Beginner
<input type="checkbox"/> English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> French	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Italian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> German	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Have you obtained any of these language diplomas / certificates ?

- | | | | |
|--------------------------------|-------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> KET | <input type="checkbox"/> PET | <input type="checkbox"/> FCE | <input type="checkbox"/> IELTS |
| <input type="checkbox"/> TOEFL | <input type="checkbox"/> DELF | <input type="checkbox"/> Other | <input type="checkbox"/> No |

10. Do / Did you belong to a sport team ? If yes, please state :

	No	Yes	Level :	Advanced	Intermediate	Beginner
Football	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basketball	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volleyball	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tennis	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Badminton	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimming	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other :				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Are you actively involved in any of these extra-curricular activities – creative, community service, committees, etc. ?

- | | | | |
|--------------------------------|---|--|----------------------------------|
| <input type="checkbox"/> Drama | <input type="checkbox"/> Art & Design | <input type="checkbox"/> Photography | <input type="checkbox"/> Fitness |
| <input type="checkbox"/> MUN | <input type="checkbox"/> Habit for Humanity | <input type="checkbox"/> Vocals | <input type="checkbox"/> Band |
| <input type="checkbox"/> Piano | <input type="checkbox"/> Guitar | <input type="checkbox"/> Other : | |

12. Have you visited Switzerland before ?

- No Yes

If yes, in what context :

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Holiday | <input type="checkbox"/> Studies |
| <input type="checkbox"/> Family visit | <input type="checkbox"/> Other : |