

Faith Bible High School  
**Student Questionnaire**



1. Have you ever used alcohol such as beer, wine, or other liquor?  
 No  
 Yes  
Explain\_\_\_\_\_
  
2. Have you ever used any tobacco product such as cigarettes or chewing tobacco?  
 No  
 Yes  
Explain\_\_\_\_\_
  
3. Have you ever used illegal drugs or misused legal drugs?  
 No  
 Yes  
Explain\_\_\_\_\_
  
4. Have you ever been involved sexually with anyone?  
 No  
 Yes  
Explain\_\_\_\_\_
  
5. Have you ever been in trouble with the police?  
 No  
 Yes  
Explain\_\_\_\_\_
  
6. Have you ever been expelled from a school?  
 No  
 Yes  
Explain\_\_\_\_\_
  
7. Have you always lived with your parents?  
 No  
Explain\_\_\_\_\_
- Yes

By signing this form I am certifying that the answers to the above questions are true.

Student \_\_\_\_\_

By signing this form I am certifying that, to the best of my knowledge, the above answers are true.

Parent \_\_\_\_\_