

School Parent/Guardian Exit Survey

We at _____ Catholic school are saddened that you have chosen not to re-enroll your child/children in our school. We do understand and respect your decision. The decision to transfer a child/children is never an easy one. So, please help us to understand the reason or reasons that you decided not to re-enroll your child/children in our school. Your comments and thoughts will help us to improve and address those issues directly. **All responses are confidential.** And please remember that should you decide to bring your child/children back to us, we will be here ready to welcome you back!

Sincerely,

Pastor Principal

From the following list, please choose the top four reasons for not re-enrolling your child/children in our school:

- | | | |
|--|--|--------------------------------------|
| Cost_____ | Poor academics_____ | Appearance of facilities_____ |
| Poor communication_____ | Limited technology_____ | Lack of resources_____ |
| Non-certified teachers_____ | Child/children unhappy_____ | Lack of respect_____ |
| Class sizes too large_____ | Lack of Special Ed programs_____ | Lack of gifted student programs_____ |
| No before/after school programs_____ | Poor teacher/parent communication_____ | Too much fundraising_____ |
| No tuition assistance program_____ | Not treated with respect_____ | Too much discipline_____ |
| Not enough religion_____ | Afraid school will close_____ | Don't feel welcome_____ |
| Child/children's friends go elsewhere_____ | Pastor not supportive_____ | Staff doesn't care_____ |
| Moved out of area:_____ | Other _____ | |

What did you like best about us? _____

What changes would we need to accomplish in order for you to re-enroll your child/children in the school? _____

How would you rate our school to others in the area?

Equal to others: _____ Better than others: _____ Not as good: _____

Did you children receive a good education at our school? _____

Do you want someone to call you to further discuss your answers? Yes__ No__

If yes, what is the best time to call you? _____

At what phone number can you be reached? _____

Name: _____

Optional:

Teacher(s) names: _____ Grade(s) _____

Your name: _____ Child/children's name(s): _____

Do you wish to be kept informed of events and activities at our school? Yes__ No__