



Fresno High School
MARKETING ACADEMY
1839 Echo Avenue
Fresno, CA 93704
(559) 457-2807

Parent/Guardian Questionnaire

Parent/Guardian Name _____ Relationship _____

First

Last

(parent, grandparent, etc.)

Student name _____ ID Number _____

First

Last

Address _____ Fresno, CA _____

Apt. number

ZIP code

Home phone _____ Parent Cell phone _____

Parent work phone _____ Parent email _____

Other emergency contact _____

Name

Relationship (aunt, brother, etc)

Phone

1. Would you support your child's participation in this program?

No

Yes

2. Do you think your child would do well in this program?

Yes

No

3. Would you actively participate in your child's progress in this program?

(monitor grades and attendance, attend parent conference when needed?)

Yes

No

4. Will you encourage your child to remain in the program until completion?

(The Marketing Academy is a 3-year program)

Yes

No

5. My child qualifies for reduced lunch or other financial assistance?

Yes

No

6. How do you think your child would benefit from this program?

7. Additional information concerning your child that you feel would be helpful in the selection process

We agree to support and fully participate in the Marketing Academy at Fresno High School.

Parent/guardian signature _____ Date
