

Great Cities Missions 3939 Belt Line Rd, Suite 705 Addison, TX 75001

Questionnaire for Children of Applicants (ages 6-12)

| Child's name | | Child's age | Current grade |
|--------------|--|-----------------------|----------------------------|
| 1. | What is it you most like to do? (hobbies | s, sports, etc.) | |
| 2. | Tell about two things you have done for new food, sport, activity, event, etc.). | the first time within | the past few months (ate a |
| 3. | What is your best friend's name? Why i | s he or she your best | friend? |
| 4. | Do you have friends who are much diffe language, etc.)? Do you enjoy spending | | her races, speak another |

| 5. | Why do you think your parents want to live in? |
|----|---|
| 6. | What are your feelings about moving to? |
| 7. | Do you know any kids who are missionary children? What do you think missionary children do? How do you think they live? |
| 8. | Who will you miss the most if you move to? |
| 9. | What will you miss the most if you move to? |