

ABOUT YOUR CHILD

DOS APPLICATION QUESTIONNAIRE

PARENTS/GUARDIANS: PLEASE HAVE YOUR CHILD COMPLETE THE QUESTIONS BELOW. FOR MORE SPACE, FEEL FREE TO ATTACH ADDITIONAL PAGES.

CHILD'S NAME:

★ WHAT IS THE BEST PART ABOUT BEING YOUR AGE?

YOUR FAVORITE THINGS

FOOD:

SONG:

COLOR:

HOBBY:

WHAT DO YOU WANT TO BE WHEN YOU GROW UP?

WHAT DO YOU LOVE MOST ABOUT YOURSELF?

IF YOU COULD HAVE ANY SUPERPOWER, WHAT WOULD IT BE AND WHY?

TELL US ABOUT YOU IN ONE WORD:



ONE FUN FACT ABOUT YOU:



WHAT WOULD HAVING BRACES MEAN TO YOU? HOW WOULD THEY MAKE YOUR LIFE BETTER?