**Questionnaire For Interest in Re-opening**

**St. Joseph Catholic Church School**

If a faith based Catholic school was available in your area, would you

Consider enrolling your child?

Yes \_\_\_ No \_\_\_

Would you be willing to travel to Salida to give your child a Catholic school?

education?

Yes \_\_\_ No \_\_\_

Is a low teacher to student ratio important to you?

Yes \_\_\_ No \_\_\_

Are you satisfied with your child’s current school academics?

Yes \_\_\_ No \_\_\_

What grade would your child most likely attend in the Fall of 2023?

PK \_\_\_ 1st \_\_\_ 2nd \_\_\_ 3rd \_\_\_ 4th \_\_\_ 5th \_\_\_ 6th \_\_\_ 7th \_\_\_ 8th \_\_\_

Would you be interested in participation on the school planning committee?

Yes \_\_\_ No \_\_\_

What is your present family status?

Single \_\_\_ Married, no children at home \_\_\_ Single \_\_\_ Widow/Widower \_\_\_

Married children at home \_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you be willing to increase your weekly or monthly contributions to

support the reopening of St. Joseph’s Catholic School?

Yes \_\_\_ No \_\_\_

COMMENTS:

NAME:

ADDRESS:

EMAIL:

PHONE NUMBER:

**Please return by March 1st, 2022**

*Thank you! Surveys can be returned to ST. JOSEPH PARISH OFFICE*

*You can either email the form back to* [*stjosephsalida@q.com*](mailto:stjosephsalida@q.com)

*Or MAIL IT to St. Joseph Parish, 320 E. 5th Street, Salida, Colo 81201*

*Thank you for taking time to fill out the survey!*