

ROOM SELECTION QUESTIONNAIRE

Your Name: _____

Current Grade (8th , 9th , 10th , or 11th -- For 2007-08 academic year):

As much as possible, student's preferences will be considered in assigning rooms and roommates.

Which would you prefer?

- SINGLE ROOM (No roommate)
- DOUBLE ROOM (With a roommate)
- NO PREFERENCE

Is there anyone in particular with whom you would like to share a room?

NAME: _____

Do you have special needs that should be considered when making room assignments?

Types of music preferred _____

Rate yourself on neatness: Very Neat 1 2 3 4 5 Very Messy

When do you like to get up?

- | <u>WEEKDAYS</u> | <u>WEEKENDS</u> |
|---|-----------------------------------|
| (breakfast begins at 7:45
and classes begin at 8:45) | (breakfast begins at 8:30) |
| <input type="checkbox"/> before 6:45 | <input type="checkbox"/> 7-8 |
| <input type="checkbox"/> 6:45-7:45 | <input type="checkbox"/> 8-9 |
| <input type="checkbox"/> 7:45-8:45 | <input type="checkbox"/> 9-10 |
| | <input type="checkbox"/> after 10 |

When do you like to go to sleep?

- | <u>WEEKDAYS</u> | <u>WEEKENDS</u> |
|------------------------------------|------------------------------------|
| <input type="checkbox"/> before 10 | <input type="checkbox"/> before 11 |
| <input type="checkbox"/> 10-11 | <input type="checkbox"/> 11-12 |
| <input type="checkbox"/> 11-12 | <input type="checkbox"/> 12-1 |
| <input type="checkbox"/> after 12 | <input type="checkbox"/> after 1 |

Do you have any other suggestions that might help us in matching you with a roommate?