



# Village School

Middle School for Girls

## PARENT QUESTIONNAIRE

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*Village School welcomes all young women to come and learn with us, regardless of their race, ethnic origin, or religious beliefs.*

(PLEASE COMPLETE BOTH SIDES)

Applicant's Name \_\_\_\_\_

Current School \_\_\_\_\_

Current Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_

Name of Parents or Guardians:

\_\_\_\_\_  
Name of Parent 1 (professional title, if used)

\_\_\_\_\_  
Residence Address

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
Home/Cell Phone (preferred phone for contact)

\_\_\_\_\_  
Business Phone

\_\_\_\_\_  
Name of Parent 2 (professional title, if used)

\_\_\_\_\_  
Residence Address

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
Home/Cell Phone (preferred phone for contact)

\_\_\_\_\_  
Business Phone

\_\_\_\_\_  
E-mail address for future correspondence

Other Children:

Name

Age

School Presently Attending

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How did you hear about Village School?

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What personal qualities or strengths will your daughter bring to the Village School community?  
Please explain.

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Please provide name and email of teacher you would like us to send our teacher recommendation form to.

Name

Email

Would you like to learn more about financial aid at Village School?     Yes     No

Signature \_\_\_\_\_ Date of Application \_\_\_\_\_

Please Return To:    Village School  
215 East High Street  
Charlottesville, VA 22902