



Village School

Middle School for Girls

PARENT QUESTIONNAIRE

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?

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

Please provide the name and email of a teacher (3rd or 4th grade) and an extracurricular teacher or coach you would like us to send our recommendation form to.

Name	Email
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Name	Email
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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