

Belle Meade School

2 Belle Meade Lane, Sperryville, VA 22740 (540)987-8970

Application for Admission (fee \$50)

Full name of applicant _____ gender _____

Date of birth _____ place of birth _____ social security number _____

Mother's (guardian's) name _____

Address _____ e-mail _____

Home phone _____ work phone _____ cell phone _____

Father's (guardian's) name _____

Address _____ e-mail _____

Home phone _____ work phone _____ cell phone _____

Person(s) financially responsible for tuition _____

Reasons parent(s) want(s) student to attend Belle Meade School _____

Reasons student wants to attend Belle Meade School _____

How did you hear about Belle Meade School? _____

Previous schools attended and dates _____

Family or personal situation the school needs to know _____

Health, medical concerns, medications for the student _____

Parent / guardian signature _____ date _____