

Please return application to:  
Director of Admission  
Powhatan School  
49 Powhatan Lane  
Boyce, Virginia 22620

(540) 837-1009  
(540) 837-2558 Fax

[www.powhatanschool.org](http://www.powhatanschool.org)

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## Application for Admission

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Non Scholae Sed Vitae Discimus



## Application for Admission

Please print or type all information requested and return to the school together with the application fee of \$50.00. This fee is non-refundable.

Date of Application: \_\_\_\_\_

Full name of applicant: \_\_\_\_\_  
First Middle Last

Preferred name or nickname: \_\_\_\_\_ Applicant's Social Security number: \_\_\_\_\_

Grade for which applicant is applying: \_\_\_\_\_ For admission in the fall of 20\_\_\_\_

Age: \_\_\_\_\_ M /F Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Applicant's home address: \_\_\_\_\_

Email: \_\_\_\_\_ Home number: \_\_\_\_\_

Father's name: \_\_\_\_\_

Please check all applicable boxes:  Primary Emergency Contact  Receive All School Correspondence  Lives with Applicant

Address (if different): \_\_\_\_\_

Father's profession/title: \_\_\_\_\_

Father's employer: \_\_\_\_\_

Business address: \_\_\_\_\_

Work Number: \_\_\_\_\_ Email: \_\_\_\_\_ Cell: \_\_\_\_\_

Father's college and degree: \_\_\_\_\_

Mother's name: \_\_\_\_\_

Please check all applicable boxes:  Primary Emergency Contact  Receive All School Correspondence  Lives with Applicant

Address (if different): \_\_\_\_\_

Mother's profession/title: \_\_\_\_\_

Mother's employer: \_\_\_\_\_

Business address: \_\_\_\_\_

Work Number: \_\_\_\_\_ Email: \_\_\_\_\_ Cell: \_\_\_\_\_

Mother's college and degree: \_\_\_\_\_

Parents' marital status:  Married  Separated  Divorced  Parent Deceased

**FOR OFFICE USE ONLY**

Fee paid: \_\_\_\_\_

Name of applicant's legal guardian: \_\_\_\_\_

Name and address of pediatrician or family physician: \_\_\_\_\_

\_\_\_\_\_ Telephone number: \_\_\_\_\_

Name and address of school most recently attended: \_\_\_\_\_

Dates of attendance: \_\_\_\_\_ Name of head: \_\_\_\_\_ Telephone number: \_\_\_\_\_

If either parent or any sibling is an alumni of Powhatan School, please give name and the dates of attendance: \_\_\_\_\_

Please list the names and birthdates of applicant's brothers and sisters: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about Powhatan School?  Newspaper  Radio  Current/Past Parent \_\_\_\_\_  
 Magazine  Phonebook  Other \_\_\_\_\_  
 Realtor  Alumni \_\_\_\_\_  
name name

If you know a family at Powhatan please tell us their name: \_\_\_\_\_

Why are you interested in Powhatan School for your child? \_\_\_\_\_

\_\_\_\_\_

Please use this space if there is additional information you would like the school to know about the applicant: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



We hereby make application for admission of the above named child to Powhatan School, and we accept the terms of admission as stated in the school catalogue and in other school literature.

Signed: \_\_\_\_\_ Signed: \_\_\_\_\_

Send bills to (name and address): \_\_\_\_\_

\_\_\_\_\_

*Powhatan has a limited amount of money available for financial aid with grants being made to qualified students based upon need. Please check here if you would like to apply for financial aid.*