

PLEASE RETURN THIS FORM **BY MAY 31** TO:

Julie Fredlund (jfred@rumseyhall.org)

PARENT QUESTIONNAIRE

CLASS OF 2024

Secondary School Counseling Office

Stude	ent's Name _		T' AN	ACTIL AT
		Last Name	First Name	Middle Name
1.	School C	riteria		
When			chool, please rank in orde	r of importance
	(1 = most in	mportant to $6 = leas$	st important)	
	Location	1		
	Academ	ics		
	Affordal	bility		
	Financia	al Aid		
	Athletic	S		
	Arts (bo	th visual and perfor	rming)	
	Extra Cı	arricular Activities		
Schoo	ol Size – (100	<, 100-250, 250-40	00, 400-600, >600)	
			home, proximity to which	
Are th	nere any scho	ols or regions whic	h your family <u>will not</u> ente	ertain as secondary school options?
Acad	emic Progra	m – Comment brie	fly on the academic progra	m you seek for your child.
			, ,	or residential life programs do you think are
		-		s do you feel are most essential for your child
	Ü	-		nt for your child and what are your
expec	etations of you	ar next school's ath	letic program?	
Singl	e Gender Scl	100ls – As a gradua	ate of a single gender school	ol, I cannot speak more highly of my
_		_		ploring options, are you open to considering a
single	e gender scho	ol?		

2. Financial Aid	
We know for certain we will not be applying for I	Financial Aid for secondary school.
Knowing that Day Tuitions are >\$45,000 and Boarding Tu	itions are >\$60,000, do you feel you will need to
apply for financial aid? Please comment:	
If you will be applying for financial aid would your family How wide of a net, geographically, would you be willing to	
3. General Knowledge & Contact	
Are there any particular schools that you know about which	n you have interest?
Do you have any family legacies at any particular schools?	
It is not expected that you have made contact with any schools and the nature of the contact.	pols at this time, but if you have, please list below
4. Additional Comments	
If you have any additional comments about your aspiration process, please feel free to explain below:	s, concerns or expectations in the school search
Parent's Name	Date
Parent's Signature	THANK YOU!!