

CARDEN ACADEMY

NEW STUDENT APPLICATION

(PLEASE PRINT)

STUDENT'S FULL NAME _____
Last First Middle

ADDRESS _____
Street City Zip Phone

DATE OF BIRTH _____ SEX _____ EMAIL _____
Month Day Year

NAME OF CURRENT SCHOOL _____
How Long

ADDRESS _____
Street City Zip Phone

GRADE COMPLETED _____ GRADE FOR WHICH APPLYING _____ ENTERING SEPTEMBER, 20 _____

PHYSICAL PROBLEMS, IF ANY (STUDENT) _____

NUMBER OF BROTHERS _____ AGES _____ NUMBER OF SISTERS _____ AGES _____

FATHER _____

ADDRESS _____
(If different from student's) Street City Zip Phone

BUSINESS OR PROFESSION _____

ADDRESS _____
Street City Zip Phone

EMAIL _____

MOTHER _____

ADDRESS _____
(If different from student's) Street City Zip Phone

BUSINESS OR PROFESSION _____

ADDRESS _____
Street City Zip Phone

EMAIL _____

NAME OF LEGAL GUARDIAN _____

ADDRESS _____
(If different from student's) Street City Zip Phone

DATE: _____ SIGNED _____
Parent or Guardian

A non-refundable processing and testing fee of \$75 must accompany this application. The receipt of these items initiates the application process and allows Carden Academy to schedule a testing date.

How did you hear about our school? _____

IF THERE IS A SEPARATION OR DIVORCE IN THE FAMILY, PLEASE COMPLETE THE REVERSE SIDE APPLICATION AS WELL.

