

Present School _____ Date of Entrance _____

Address of School _____ Telephone _____

Street City State Zip

Present Grade _____ Principal/Director/Head of School _____

Please list all other schools your child has previously attended:

School Name School Address Dates of Attendance

Does your child have any medical condition of which we should be aware? Yes No

If yes, please describe:

Why do you wish your child to attend CARDEN ARBOR VIEW SCHOOL?

Applicant's Siblings:

Name Year of Birth Brother/Sister Living at Home? Name of School/Grade

How did you learn about CARDEN ARBOR VIEW SCHOOL? (please check all that apply)

Current Family Name of Family Brochure Postcard

CARDEN ARBOR VIEW SCHOOL website Other Web site Magazine/Newspaper Ad

Other (please explain) _____

Please enclose the following items with this completed application and return to the school at least one week prior to your child's test date:

\$100.00 non-refundable application/test fee payable to CARDEN ARBOR VIEW SCHOOL, and

Copy of birth certificate or other proof of age (for prospective kindergarten students).

A current immunization record will be required upon enrollment.

By signing this application, I acknowledge my understanding that CARDEN ARBOR VIEW SCHOOL has a tradition of parent participation in volunteering and fundraising which includes participation in the Arbor View Society (AVS), the annual giving program.

Date

Signature of Parent or Legal Guardian

Date

Signature of Parent or Legal Guardian