



ADMISSION APPLICATION

2018-2019

Please complete both sides of application and return before you schedule your test date.

Carden Arbor View School admits students without regard to race, color, national or ethnic origin to all of the rights and privileges, programs and activities available to students. It does not discriminate in the administration of educational policies, admission policies, financial aid programs, athletic programs, or any other school administered programs.

*Please attach
a recent photo
of applicant*

Date _____ **Current Grade** _____ **Grade Applying For** _____

Applicant _____
 First (preferred name) **Middle** **Last**

Address _____
 Street **City** **State** **Zip**

Home number _____ **Cell number** _____

Date of Birth _____ **Place of Birth** _____

Age _____ **Male** _____ **Female** _____

Applicant's Parent or Guardian

Title **First** **Middle** **Last**

Home Address (if different from applicant)

Home Telephone (if different from applicant)

Occupation

Name of Company

Nature of Business

Business Telephone **Cell Phone**

e-mail address

Applicant's Parent or Guardian

Title **First** **Middle** **Last**

Home Address (if different from applicant)

Home Telephone (if different from applicant)

Occupation

Name of Company

Nature of Business

Business Telephone **Cell Phone**

e-mail address

Applicant's natural parents are now (please check all that apply):

_____ Together _____ Separated _____ Divorced _____ Father Remarried _____ Mother Remarried
 _____ Father Deceased _____ Mother Deceased

With whom does applicant reside? _____

(please complete back side)

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

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/assessment fee payable to CARDEN ARBOR VIEW SCHOOL
Copy of birth certificate or other proof of age (for prospective kindergarten students)
A current immunization record will be required upon enrollment

I intend to submit my application for financial aid. I understand a letter of offer is contingent upon my completing the Financial Aid Application process.

Intials

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



CARDEN ARBOR VIEW SCHOOL
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909.982.9919 www.cardenarborview.org