



ADMISSION APPLICATION

2019-2020

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.

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 _____

Please attach
a recent photo
of applicant

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