ADMISSION APPLICATION

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 Phone ______________________ Cell Phone _______

Date of Birth ______________________ Place of Birth _______

Age _______ Gender _______

Applicant’s Parent or Guardian

Title First Middle Last

Home Address (If different from applicant)

Home Telephone (if different from applicant)

Relationship to Applicant

Occupation

Name of Company

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 ________________________

School Address ___________________________ ___________________________ ___________________________

Principal/Director ___________________________ ___________________________ ___________________________

Please list all other schools applicant has attended:

<table>
<thead>
<tr>
<th>School Name</th>
<th>School Address</th>
<th>Dates of Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Why do you wish applicant to attend Carden Arbor View School?

Applicant’s Siblings:

<table>
<thead>
<tr>
<th>Name</th>
<th>Year of Birth</th>
<th>Brother/Sister</th>
<th>Lives at Home?</th>
<th>Name of School/Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How did you learn about Carden Arbor View School? (please select all that apply)

- [ ] Current Family Referral (Family Name)
- [ ] Carden Arbor View School Website
- [ ] Other Website
- [ ] Brochure
- [ ] Post Carden Arbor View School
- [ ] 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 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 submit my application for financial aid. I understand a letter of offer is contingent upon ________

initials my completion of the financial aid process

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 Annual Fund (AVAF), the annual giving program.

Signature of Parent or Legal Guardian ___________________________ Date ___________________________

Signature of Parent or Legal Guardian ___________________________ Date ___________________________