



# ADMISSION APPLICATION

INFORMATION

**Grade Level** \_\_\_\_\_ **School Year** \_\_\_\_\_

Jr. Kindergarten (3 half days/5 half days/5 full days) Kindergarten (5 half days/5 full days)

**Student Full Name** \_\_\_\_\_  
First Middle Last

**Home Address** \_\_\_\_\_  
City State Zip Code

**Home Phone** \_\_\_\_\_ **Gender** \_\_\_\_\_ **Birthdate** \_\_\_\_\_

**Number of Siblings** \_\_\_\_\_ **Ages** \_\_\_\_\_

Is the student in good health and able to participate in regular physical activities? \_\_\_\_\_

If no, please explain: \_\_\_\_\_

## Parent Contact Information:

**Mother (Dr./Ms./Mrs./Miss)** \_\_\_\_\_ **Email** \_\_\_\_\_

**Address** \_\_\_\_\_

**Cell #** \_\_\_\_\_ **Home #** \_\_\_\_\_

**Work Name** \_\_\_\_\_ **Work #** \_\_\_\_\_

**Occupation** \_\_\_\_\_ **Marital Status** \_\_\_\_\_

**Father Name (Dr./Mr.)** \_\_\_\_\_ **Email** \_\_\_\_\_

**Address** \_\_\_\_\_

**Cell #** \_\_\_\_\_ **Home #** \_\_\_\_\_

**Work Name** \_\_\_\_\_ **Work #** \_\_\_\_\_

**Occupation** \_\_\_\_\_ **Marital Status** \_\_\_\_\_

School(s) Attended \_\_\_\_\_ Years \_\_\_\_\_

Address \_\_\_\_\_ Teacher \_\_\_\_\_

**I give Carden Memorial permission to contact previous school(s) for academic and health records.**

**Please sign:** \_\_\_\_\_

Academic Strengths \_\_\_\_\_

Has your student had social, scholastic or disciplinary difficulties in previous school(s)? \_\_\_\_\_

Please explain: \_\_\_\_\_

Has your student had any additional academic or behavioral testing? \_\_\_\_\_

How did you learn about Carden Memorial School? \_\_\_\_\_

Why would you like your child to attend Carden Memorial School? \_\_\_\_\_

Person Responsible for Fees \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

City

State

Zip Code

Tuition may be paid in either one annual payment or in three installments. Mark your preference:

Annual \_\_\_\_\_ Installment Payments \_\_\_\_\_

Extended Care is available by separate application. My student \_\_\_\_\_ will or \_\_\_\_\_ will not need

Extended Care \_\_\_\_\_ before or \_\_\_\_\_ after school. Applications are available in the office.

A \$85.00 non-refundable Application Fee is required to cover processing and evaluations.

**Father's Signature** \_\_\_\_\_

**Mother's Signature** \_\_\_\_\_

**Office Use Only:**

Application Fee received by \_\_\_\_\_ on \_\_\_\_\_.

Admission Decision/Conditions \_\_\_\_\_

by \_\_\_\_\_ on \_\_\_\_\_.