

Student Application

CARDEN
ACADEMY



APPLYING FOR GRADE _____ SCHOOL YEAR APPLYING FOR? _____

STUDENT'S FULL NAME _____ GENDER _____
NAME MIDDLE LAST

DATE OF BIRTH _____ PLACE OF BIRTH _____
MONTH DAY YEAR CITY STATE COUNTRY

PRIMARY RESIDENCE

STREET # _____ CITY _____ STATE _____ ZIP CODE _____

TELEPHONE _____ LAST SCHOOL ATTENDED: _____

PRIMARY LANGUAGE SPOKEN BY STUDENT _____ OTHER LANGUAGES SPOKEN IN THE HOME _____

HAS YOUR STUDENT HAD ANY EDUCATIONAL EVALUATION?

IF YES, WHERE? _____ IF YES, WHAT KIND? _____

STUDENT IS CURRENTLY LIVING WITH _____

PARENT/GUARDIAN 1

NAME _____ EMAIL _____
NAME MIDDLE LAST

CELL PHONE _____ BUSINESS PHONE _____ GENDER _____

PARENT/GUARDIAN 2

NAME _____ EMAIL _____
NAME MIDDLE LAST

CELL PHONE _____ BUSINESS PHONE _____ GENDER _____

ADDITIONAL PARENT(S)/GUARDIAN(S)

NAME _____ GENDER _____ EMAIL _____ PHONE _____

PLEASE LIST ANY SIBLINGS _____ HOW DID YOU HEAR ABOUT US?
NAME(S) _____ AGE(S) _____