

Application for Admission

Candidate for the academic year beginning September 20 _____

6 7 8 9 Boarding Day

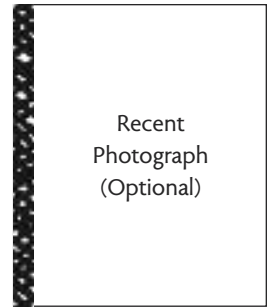
and/or

Candidate for the summer session beginning June 20 _____

3 4 5 6 7 8 9 Boarding Day Male Female

Full Six-Week Program First Three-Week Session Second Three-Week Session

THIS APPLICATION WILL SUFFICE FOR CANDIDATES TO EITHER OR BOTH CARDIGAN PROGRAMS.



Applicant

Applicant Name _____

FIRST

LAST

MIDDLE

SUFFIX

NICKNAME

Date of Birth _____ Citizenship _____

Country of Birth _____ Ethnicity (optional) _____

Address _____

STREET

STREET

CITY

STATE

ZIP

COUNTRY

Email Address _____ Home Phone _____

(INCLUDE COUNTRY, CITY, AREA CODES)

Current School _____ Current Grade _____ Year Entered _____

School Address _____ Public Independent Parochial

Other schools attended in the last two years (name, address, dates): _____

Parent/Guardian:

Mr. Mrs. Ms. Dr. Other: _____ Relationship to applicant: _____

Name _____

Same as above Home Address _____

STREET

STREET

CITY

STATE

ZIP

COUNTRY

Email Address _____

Home Phone _____ Cell Phone _____

(INCLUDE COUNTRY, CITY, AREA CODES)

Work Phone _____ Employer's Name _____ Occupation/Position _____

Parent/Guardian:

Mr. Mrs. Ms. Dr. Other: _____ Relationship to applicant: _____

Name _____

Same as above Home Address _____

STREET

STREET

CITY

STATE

ZIP

COUNTRY

Email Address _____

Home Phone _____ Cell Phone _____

(INCLUDE COUNTRY, CITY, AREA CODES)

Work Phone _____ Employer's Name _____ Occupation/Position _____

Parent Information

Married Divorced Widowed Separated Single Other: _____

Please include Stepparent information if Applicable

Applicant lives with: Father and Mother Mother Father

Stepmother _____
NAME

Stepfather _____
NAME

Other _____
NAME

To whom should bills be addressed? _____

Same as above Billing Address _____

Do you intend to apply for financial aid? Yes No

From whom did you learn of Cardigan Mountain School? (Please state relationship to applicant.) _____

List any relatives who attend or have attended CMS, the years attended, and state relationship to applicant: _____

Applicant's Siblings

Name	Gender	Age/Grade	Education
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PLEASE ENCLOSE A \$50 APPLICATION FEE TO HELP DEFRAY THE COST OF PROCESSING THE APPLICATION.
THE APPLICATION FEE FOR INTERNATIONAL CANDIDATES IS \$125.

Cardigan Mountain School does not discriminate on the basis of race, color, creed, handicap, sexual orientation, or national origin in the administration of its educational policies or any other program governed by the School.

Parent Signature _____ Date _____



Cardigan Mountain School
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