



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 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 _____
Street City State Zip

Principal/Director _____ Telephone Number _____

Please list all other schools applicant has attended:

School Name School Address Dates of Attendance

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

Applicant's Siblings:

Name Year of Birth Brother/Sister Lives at Home? Name of School/Grade

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

CARDEN ARBOR VIEW SCHOOL
1530 North San Antonio Avenue ☐ Upland, California
(909) 982-9919 voice (909) 981-3221 fax
www.cardenarborview.org