



CARDEN ACADEMY OF MAUI

Enrollment Application (2010 – 2011)

Date of Application: _____ **Applying for Grade:** _____ **Name of Current School:** _____

_____ **Male / Female**
Student's Legal Name Last Name First Name Middle Name Nickname / Preferred Name (Circle One)

Age as of Today _____ **Date of Birth:** ____/____/____ **Place of Birth:** _____
Month Day Year City State Country

Street Address

City _____ State _____ Zip Code _____

Student lives with: Both Parents One Parent: Father / Mother Guardian Other: _____

Sibling's Name(s) and Age(s): _____ **Current School Attending:** _____ **Grade:** _____

PARENT / GUARDIAN INFORMATION *(Please Print):*

Father's Information / Guardian's Information:

_____ Home Phone ()
_____ Cell Phone ()
(Title: Mr., Dr., Rev., etc.) First Name Last Name

_____ Mailing Address _____ E-mail Address

_____ Employer _____ Occupation (if self-employed please explain)

_____ Business Address _____ Work Phone

Mother's Information / Guardian's Information:

_____ Home Phone ()
_____ Cell Phone ()
(Title: Mrs., Ms., Dr., Rev., etc.) First Name Last Name

_____ Mailing Address _____ E-mail Address

_____ Employer _____ Occupation (if self-employed please explain)

_____ Business Address _____ Work Phone

Office Use Only: **Date of Application:** _____ **Test Date:** _____
\$60 Test Fee Received: _____ **Tour Date:** _____
Letter Sent: _____ **Interview:** _____
Deposit: _____