



CARDEN ACADEMY OF MAUI

Notice of Enrollment

Date: _____
Month / Day / Year

School: _____

As of _____,
Month / Day / Year Student's name: Last, First Middle

in grade _____ is currently enrolled/registered to attend:

Carden Academy of Maui
55A Maka'ena Place
Pukalani, HI 96768

Please send all records as soon as possible.

PARENTS: Please sign for transfer of records from private, or public schools.

I hereby give consent for the transfer of all educational/medical records for:

Student's Name

To: Carden Academy of Maui, 55A Maka'ena Place, Pukalani, Hi 96768

Signature Parent/Guardian

Parent/Guardian Name (PRINT)

Address

Address

Phone