



CARDEN SCHOOL OF CAMARILLO

APPLICATION FOR ENROLLMENT

Applying for grade 20 _____

Please Print or Type

Present grade _____

Full name of child		Age	Girl <input type="checkbox"/>	Boy <input type="checkbox"/>
Date of birth	Place of birth		Citizenship	
Address		Zip	Telephone	
Present School			Principal	
Address			Telephone	

Full name	Father			Mother		
Address						
Occupation or Position held						
Business Employer/Firm						
Bus. Address	Telephone			Telephone		
	City	State	Zip	City	State	Zip
E-mail Address				E-mail Address		

Check if Parents Divorced Parents Separated Father Remarried Mother Remarried Father Deceased Mother Deceased

Other children in family (give names, ages, and schools).		
Name	Age	School
Name	Age	School
Name	Age	School

Describe any talents or achievements the applicant has shown either in or outside of school. _____

Social Security#: _____

Driver's License#: _____

Date _____

Signature - Father or Legal Guardian

Signature - Mother or Legal Guardian