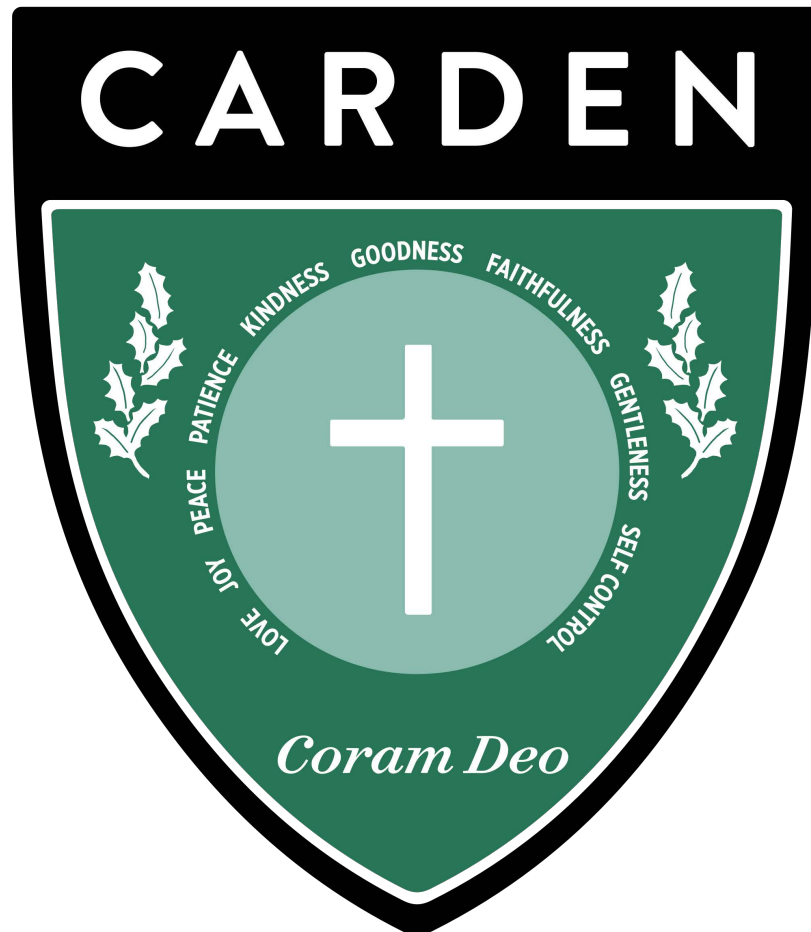


Carden Country School

Application for Enrollment



*"The purpose of education is to provide children with the tools they need in order to find Joy in Life."
Mae Carden*

6974 Island Center Road, PO Box 10160
Bainbridge Island, Washington 98110
(206) 842-6510

www.cardencountryschool.org

For Administrative Use Only

Date Application Received:
Date of Classroom Visit:
Date Enrollment Deposit Paid:
Date School & Immunization Records Received:

Date Application /Test Fee Paid:
Date Testing Completed:
Date School Records Requested:



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Please complete this application for each child applying for enrollment and include a non-refundable \$100 registration and entrance assessment fee with each application.

STUDENT INFORMATION

Applying for Academic Year Beginning: _____

Name _____
Last First Middle Nickname

Date of Application _____ Grade applying for _____ Sex: M _____ F _____

Age _____ Birthdate _____

Last school attended _____ Address _____

Please list areas of Strength _____ Areas of Difficulty _____

Tested for: Gifted? _____ Remedial? _____ ADD/ADHD? _____ Learning Disability? _____

FAMILY INFORMATION

Father's Name _____ Mother's Name _____

Home Address _____ Home Address _____

Home Phone _____ Home Phone _____

E-mail _____ E-mail _____

Occupation _____ Occupation _____

Father's Employer _____ Mother's Employer _____

Business Address _____ Business Address _____

Business Phone _____ Business Phone _____

With whom does the child reside? Both Parents _____ Mother _____ Father _____ Guardian _____

Parents' Marital Status Married _____ Separated _____ Divorced _____ Widowed _____

If divorced, who has legal custody of the child? _____

Please list other children in the home, their ages, and where they attend school.

Name Age School

GENERAL INFORMATION (If necessary, please attach separate documentation or explanation.)

Has your child ever been expelled from any school? _____ If yes, please explain in separate documentation.

Does your child learn rapidly, normally, or slowly? _____

What is your child's current attitude toward school? _____

What are your child's principal interests outside of school? _____

Is your child of good conduct? _____ Truthful? _____ Pleasantly obedient? _____

Do you authorize this school to employ such discipline as it deems wise and helpful for your child? _____

Why do you want to enroll your child in the Carden Country School? _____

Please note any additional information that will help us understand your child and meet his or her needs _____

EMERGENCY CONTACTS: These are NOT next of kin to be notified, but someone who is local, willing, able and available to pick up and care for your child in case of sickness or emergency.

Name _____ Phone(s) _____ Relationship _____

Name _____ Phone(s) _____ Relationship _____

Name _____ Phone(s) _____ Relationship _____

MEDICAL INFORMATION

Physician _____ Phone _____

Address _____

Allergies _____ Date of Last Physical _____

Significant Medical Conditions _____ Medications _____

MEDICATIONS: It is the School's policy to give little or no medication during the school day, except in rare circumstances.

In rare circumstances, my child _____ may be given _____mg of aspirin, acetaminophen, ibuprofen (circle one). Any other medication, including over the counter cough drops or antacids, must be accompanied by my written instructions.

Parent/Guardian Signature

Date

AUTHORIZATION TO CONSENT TO TREATMENT

In the event of an emergency, and if all efforts to reach me have been unsuccessful, I give my permission for

_____ to be taken to the Emergency room at _____, and to be treated by my doctor or his substitute. I understand that this permission slip would accompany my child, and that efforts would continue to be made to reach me.

Parent/Guardian Signature

Date

NON-DISCRIMINATION POLICY

The Carden Country School admits students of any race, color, national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, admissions policies, scholarship and loan programs, athletic or other school administered programs.

MISSION STATEMENT

It is the mission and purpose of the Carden Country School to glorify God by providing a traditional education that will nurture students to become spiritually minded, academically versed, socially balanced, and equipped to make a positive impact in their community.

Carden Country School is an interdenominational Christian school which supports and promotes Biblical teaching, values and morals. We believe that children are a gift from God, given into the family's care to raise as Christian men and women. Carden Country School supports the values of the Christian home, the authority of parents, and the integration of school and family.

PARENTAL PLEDGE OF SUPPORT

Please read and initial each point.

- 1) _____ We will see that our child reaches school on time and is picked up promptly when his or her class or activities are completed.
- 2) _____ We will assume responsibility for working with our child on the completion of homework or other schoolwork as requested by the teacher.
- 3) _____ We will read all school communications and respond as needed.
- 4) _____ We have read and understand the applicable **Business and Financial Information**. We agree to the financial responsibility our application entails and we will pay our financial obligations to the school promptly.
- 5) _____ We will attempt to resolve any problems or misunderstandings we have with the school internally through appropriate channels. If the conflict continues, we agree to seek the assistance of a mediator.
- 6) _____ We understand the mission and principles of the Carden Country School, and will abide by the decisions of and policies set by the Board and Staff of the School.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date