

# Carden Day School of San Jose

## Application for Evaluation

Date \_\_\_\_\_

<b>Student Information</b>		<b>Applying for</b>	
<b>Grade:</b> _____			
Last Name _____		First Name _____	Middle Name _____
Street Address _____		Home Number _____	
City _____	State _____	Zip _____	Date of Birth _____
Father's Name (Last, First) _____		Father's Work Number _____	Cell Number _____
Mother's Name (Last, First) _____		Mother's Work Number _____	Cell Number _____
Student Resides with: <input type="checkbox"/> Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian			

### Personality & Aptitude

Please help us get to know your child by answering the following questions:

What is your child's attitude towards school? \_\_\_\_\_

Describe the activities your child enjoys most.

\_\_\_\_\_

What activity is your child most likely to avoid?

\_\_\_\_\_

How does your child relate to his/her peers?

\_\_\_\_\_

Please describe any special educational, academic or psychological testing your child has received:

\_\_\_\_\_

### School Information

Last School Attended \_\_\_\_\_

Are you applying to other schools?  Yes  No

Why did you select Carden Day School of San Jose?

If yes, list schools?

\_\_\_\_\_

Note: Jr. Kindergarten and Kindergarten applicants must be toilet trained.