

# Application for Admission

Candidate for the academic year beginning September 20 \_\_\_\_\_

6  7  8  9  Boarding  Day

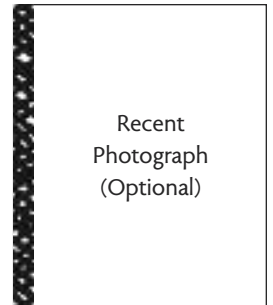
and/or

Candidate for the summer session beginning June 20 \_\_\_\_\_

3  4  5  6  7  8  9  Boarding  Day  Male  Female

Full Six-Week Program  First Three-Week Session  Second Three-Week Session

THIS APPLICATION WILL SUFFICE FOR CANDIDATES TO EITHER OR BOTH CARDIGAN PROGRAMS.



## Applicant

Applicant Name \_\_\_\_\_

FIRST

LAST

MIDDLE

SUFFIX

NICKNAME

Date of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_

Country of Birth \_\_\_\_\_ Ethnicity (optional) \_\_\_\_\_

Address \_\_\_\_\_

STREET

STREET

CITY

STATE

ZIP

COUNTRY

Email Address \_\_\_\_\_ Home Phone \_\_\_\_\_

(INCLUDE COUNTRY, CITY, AREA CODES)

Current School \_\_\_\_\_ Current Grade \_\_\_\_\_ Year Entered \_\_\_\_\_

School Address \_\_\_\_\_  Public  Independent  Parochial

Other schools attended in the last two years (name, address, dates): \_\_\_\_\_

## Parent/Guardian:

Mr.  Mrs.  Ms.  Dr.  Other: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Name \_\_\_\_\_

Same as above Home Address \_\_\_\_\_

STREET

STREET

CITY

STATE

ZIP

COUNTRY

Email Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

(INCLUDE COUNTRY, CITY, AREA CODES)

Work Phone \_\_\_\_\_ Employer's Name \_\_\_\_\_ Occupation/Position \_\_\_\_\_

## Parent/Guardian:

Mr.  Mrs.  Ms.  Dr.  Other: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Name \_\_\_\_\_

Same as above Home Address \_\_\_\_\_

STREET

STREET

CITY

STATE

ZIP

COUNTRY

Email Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

(INCLUDE COUNTRY, CITY, AREA CODES)

Work Phone \_\_\_\_\_ Employer's Name \_\_\_\_\_ Occupation/Position \_\_\_\_\_

**Parent Information**

Married  Divorced  Widowed  Separated  Single  Other: \_\_\_\_\_

Please include Stepparent information if Applicable

Applicant lives with:  Father and Mother  Mother  Father

Stepmother \_\_\_\_\_  
NAME

Stepfather \_\_\_\_\_  
NAME

Other \_\_\_\_\_  
NAME

To whom should bills be addressed? \_\_\_\_\_

Same as above Billing Address \_\_\_\_\_

Do you intend to apply for financial aid?  Yes  No

From whom did you learn of Cardigan Mountain School? (Please state relationship to applicant.) \_\_\_\_\_

List any relatives who attend or have attended CMS, the years attended, and state relationship to applicant: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant's Siblings**

Name	Gender	Age/Grade	Education
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PLEASE ENCLOSE A \$50 APPLICATION FEE TO HELP DEFRAY THE COST OF PROCESSING THE APPLICATION.  
THE APPLICATION FEE FOR INTERNATIONAL CANDIDATES IS \$125.

*Cardigan Mountain School does not discriminate on the basis of race, color, creed, handicap, sexual orientation, or national origin in the administration of its educational policies or any other program governed by the School.*

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



Cardigan Mountain School  
62 Alumni Drive  
Canaan, NH 03741  
603.523.3548  
www.cardigan.org