

CARBONDALE NEW SCHOOL

NEW STUDENT

2024-2025 REGISTRATION FORM

STUDENT'S NAME: _____

Date of Birth: _____ Age: _____ Grade Level at Fall Enrollment: _____
First Child: \$250 (\$75 per student prior to May 1, 2024 and \$125 per student prior to June 1, 2024)

STUDENT'S NAME: _____

Date of Birth: _____ Age: _____ Grade Level at Fall Enrollment: _____
Each Additional Child: \$100 (\$75 per student if registered prior to May 1, 2024)

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

EMAIL ADDRESSES: _____

HOME PHONE: _____

CELL PHONES: _____

Registration fee must accompany this form.
The entire fee is non-refundable.

Parent/Guardian signature _____ Date _____

If you were referred to CNS by another family, please let us know.
Families who refer others receive \$150 off their 2024-2025 tuition!

Our family was referred by: _____

**Students will be assigned to classrooms when both the registration form and payment are received.
In the event the classroom is full, applicants will be advised and placed on a waiting list for that class.
When openings occur, students will be admitted based on the date of registration.**

Enrollment is only guaranteed upon receipt of the registration form and registration fee.

How did you hear about us? _____