



# CAPITAL DAY SCHOOL

## INQUIRY FORM

Date: \_\_\_\_\_ Boy: \_\_\_\_\_ Girl: \_\_\_\_\_

Parent/s Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Grade Interest: Pk3 Pk4 K 1 2 3 4 5 6 7 8

Age Now: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Academic Year: \_\_\_\_\_

Previous School Attended: \_\_\_\_\_

How Did They Hear About Cds?

Newspaper Ad: \_\_\_\_ Radio: \_\_\_\_ Friend: \_\_\_\_ Internet: \_\_\_\_

Other (please explain): \_\_\_\_\_

Inquiry Taken By: \_\_\_\_\_ Info Mailed: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

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