

## **Wait List Student Application**

Yes, I want to place our child's/childr	en's name(s) o	n the St. Albans Countr	y Day School waiting list.
Enclosed, please find our check numberrefundable wait list fee.		_ in the amount of \$25.00 (per family) to cover the non	
		Signature of Parent(s)	
Parent(s) Name	(nla	ase print)	
	(þie	ase print)	
Address	(street, city, zip		
	(street, city, zip	o)	
ome Phone: Work Phone:			
Best contact e-mail address			
Child's Name	Boy/Girl	Current Grade	Birthday
1			
2			
3			
4			
Current school of attendance:			
Address of School:			
How you heard of St. Albans: Note: Your child's date of entry on o	ur waiting list v	vill be effective on the	date we receive your

form and check.