



Please **mail** this form to:
 P.O. Box 26384
 Alexandria, VA 22313
 Attn: Admissions Coordinator

Waitlist Application

For any questions regarding the waitlist please call (703) 837-0237

Name of Parent(s)/Guardian(s)	
Child's Name	<input type="checkbox"/> Date of Birth <input type="checkbox"/> Due Date
Address	
Where Can We Contact You?	
1) _____ 2) _____ 3) _____	
Email Address	Ideal Start Date

IMPORTANT:

Please sign and submit this form to American Day School only if you agree to the school policies mentioned below:

By signing this form I acknowledge and agree to the following policies:

- *I understand that the registration fee of \$125 (first child) and \$100 (each additional child) that is required with this form is **non-fundable and non-transferrable.***
- *Paying the registration fee mentioned above secures my child on the wait list of American Day School (ADS), but it **does not** guarantee a specific date on which a space for my child will become available.*
- *I understand that my child will be on the American Day School wait list initially for 12 months from the date this form is received. I may extend the length of time that I would like to remain on the waitlist by contacting ADS before the expiration of the 12-month period at no charge. ADS will send me an email to the email address above about one month prior to the expiration of the 12-month period. I understand that if I do not request an extension and/or do not respond to the email ADS sends me, ADS will assume that I want to be removed from the waitlist. If I refuse an open spot 3 times I understand that I will be placed at the bottom of the waitlist.*

 Parent/Guardian Signature

 Date

FOR OFFICE USE ONLY:

Check # _____ Registration Fee: \$ _____ Date: _____

Date	Name of Parent Contacted	Notes
_____	_____	_____
_____	_____	_____
_____	_____	_____