



**St. Therese School Waiting List: Prospective Family Information**

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent / Guardian: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

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

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

Siblings: Name, Age and If / where they attend school: \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian/Child primary language: \_\_\_\_\_

Notes:  
\_\_\_\_\_  
\_\_\_\_\_

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only**

Date received by St. Therese School: \_\_\_\_\_ By: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_