



Waiting List
New Student Application
(a separate application is required for each child)

Today's Date _____

Child's Name _____

Is your child a girl or boy? _____ Date of Birth _____

When would you like your child to start at College Oak? (please enter month and year)

Academic Year _____ Summer _____ Other _____

If we are unable to accommodate your child for the term requested, would you like to remain on the waiting list for the next available space? yes no

How did you hear about College Oak? _____

Is your child a sibling of a currently enrolled College Oak student? yes no

Is your child a sibling of a College Oak alumnus? yes no

If yes, who attended and when? _____

Parent Name _____ Home or cell phone _____

Parent Name _____ Home or cell phone _____

Mailing Address _____
street city zip

Email Address _____

Parent/Guardian Signature _____ Date _____

For office use only	
Date received _____	_____
Comments _____	_____
_____	_____