



Wait List Agreement

I would like to put my children on the PCS Waiting List.

1. I have enclosed a non-refundable wait list fee of \$50.00 for the first child and \$25.00 for each additional child (maximum of \$100.00 per family).
2. I understand that my child is not guaranteed a space, but will be given an opportunity to submit an application as space becomes available. I understand that spaces are offered first to returning students, secondly to siblings of current students, third to students on PCS's wait list.
3. I understand that if a space becomes available, I will be given 2 business days to submit an online application and \$250 non-refundable application fee after which time my spot will be released to the next person on the waiting list and I will be removed from the waiting list.
4. I understand that standard application procedures will be followed, including a student screening and parent interview, before an invitation for admission is extended.

Parent Signature _____ Date _____

School Year	Grade	Student Name	Birthday

Contact Information:

Parents' Names: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

For Office Use Only: Date received _____ Payment received _____ Confirmation sent _____