

FAIRVILLE FRIENDS SCHOOL, INC.
P.O. Box 802
Mendenhall, PA 19357
610-388-1268

WAITING LIST PLACEMENT FORM

Child's Name _____

Current Age _____ Birthdate _____ Sex _____

Parents' Names _____

Address _____

Phone Numbers (Home, Work, Cell) _____

Are you a member of a Friends Meeting? _____
(If so, which Meeting?)

DESIRED ENTRY DATE: _____ September 2006
_____ September 2007
_____ Other _____

DESIRED SCHEDULE: _____ Mornings 8:30 – 12:30
_____ Afternoons 1:00 – 3:30
_____ Either
_____ Full Day 8:30 – 3:30

Please enclose a non-refundable \$25 Waiting List Fee made out to Fairville Friends.

PARENT'S SIGNATURE _____

For Office Use: Date Received _____