



**Parkside Community School**  
1701 Toomey Road Austin, TX 78704 512-472-2559  
[www.parksidecommunityschool.org](http://www.parksidecommunityschool.org)

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**WAITING LIST APPLICATION FORM**

**A \$75 NON-REFUNABLE DEPOSIT WILL HOLD A PLACE FOR YOUR CHILD ON THE WAITING LIST. PLEASE ATTACH YOUR CHECK OR MONEY ORDER WITH THIS FORM.**

**FOR OFFICE USE:** DATE OF PAYMENT \_\_\_\_\_ AMT \$ \_\_\_\_\_ CK NUMBER \_\_\_\_\_ OFC STAFF \_\_\_\_\_

**CHILD'S NAME:** \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_\_

**DESIRED DATE OF ENROLLMENT (PLEASE CIRCLE)**      2009      2010      2011      OTHER \_\_\_\_\_

**PLEASE INDICATE THE PROGRAM YOU ARE INTERESTED IN:**

- \_\_\_\_\_ PRIMARY HALF-DAY (3YRS) 8:30 – 12:00 MON-FRI
- \_\_\_\_\_ PRIMARY FULL- DAY (4-6 YRS) 8:30 – 2:30 MON-FRI – FOR CHILDREN WHO NO LONGER NAP
- \_\_\_\_\_ EARLY ELEMENTARY (6-9YRS) 8:30 – 3:00
- \_\_\_\_\_ UPPER ELEMENTARY (9-12 YRS)

**CHILD'S AGE ON AUGUST 1<sup>st</sup> OF DESIRED YEAR OF ENROLLMENT:** YEARS \_\_\_\_\_ MONTHS \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ HOME PH: \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_ WORK PH: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_ OTHER PH: \_\_\_\_\_  
FATHER'S NAME: \_\_\_\_\_ HOME PH: \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_ WORK PH: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_ OTHER PH: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

**OUR SCHOOL STRIVES TO ACHIEVE A BALANCED STUDENT BODY WITH REGARD TO GENDER AND ETHNIC BACKGROUND. FOR THAT REASON, WE REQUEST THE FOLLOWING INFORMATION.**

**ETHNIC  
BACKGROUND:**

**LANGUAGE  
SPOKEN IN HOME:**

**GENDER:**

**CHILD LIVES WITH:**

BLACK  
 HISPANIC  
 WHITE  
 ASIAN  
 OTHER: \_\_\_\_\_

SPANISH  
 ENGLISH  
 OTHER: \_\_\_\_\_

BOY  
 GIRL

MOTHER  
 FATHER  
 ALTERNATES  
RESIDENCES  
 OTHER: \_\_\_\_\_

- **WHAT SCHOOL OR DAYCARE HAS YOUR CHILD ATTENDED OR IS YOUR CHILD ATTENDING?**  
Please be prepared to provide past and current school records to help us assess your child's educational needs.

- **DOES YOUR CHILD HAVE MONTESSORI EXPERIENCE? YES \_\_\_\_\_ NO \_\_\_\_\_**

**WHICH SCHOOL (IF NOT LISTED ABOVE)**

- **DO YOU ALREADY HAVE A CHILD ON OUR WAITING LIST? YES \_\_\_\_\_ NO \_\_\_\_\_**

**HIS OR HER NAME: \_\_\_\_\_**

- **DO YOU HAVE A CHILD WHO IS ALREADY ENROLLED IN OUR SCHOOL? YES \_\_\_\_\_ NO \_\_\_\_\_**

**HIS OR HER NAME: \_\_\_\_\_**

- **MEDICAL HISTORY (Any unusual event or circumstances related to your child's birth and/or early years of life such as childhood illnesses, allergies, operations, convulsions, physical challenges or impairments, serious accidents/injuries, etc. ):**

- **HOW DID YOU HEAR ABOUT PARKSIDE COMMUNITY SCHOOL? (please circle)**

**CURRENT  
PCS FAMILY**

**INTERNET**

**YELLOW PAGES**

**REFERRAL**

**OTHER**

- **PLEASE FEEL FREE TO GIVE US ANY ADDITIONAL INFORMATION ABOUT YOUR CHILD THAT YOU FEEL WOULD BE HELPFUL FOR US TO KNOW (FOR EXAMPLE, ANY SPECIAL NEEDS OR INTERESTS, WHAT PREVIOUS SCHOOL EXPERIENCES HAVE BEEN LIKE, ETC.)**