



The Gardner School of Dublin
6145 Emerald Parkway
Dublin, OH 43016

Application for Wait List

Date of Application: _____

Requested 1st Date of Attendance: _____

I hereby apply for enrollment of my child to The Gardner School.

CHILD INFORMATION

Child's Name _____ Nickname: _____

Address: _____

Birth Date: _____ Sex: Male Female Age: _____

PARENT / GUARDIAN INFORMATION

Mother's Full Name _____

Address: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

Father's Full Name _____

Home Address _____

Home Phone: _____ Work Phone: _____

Email Address: _____

Due to the limited space availability, I understand that in order for my child to be placed on the waiting list, a \$100.00 non-refundable administration fee will be collected. Should a space become available, this fee will be credited towards the annual registration fee. Completion of this application does not guarantee enrollment for my child, but confirms my interest in active enrollment.

Signature of Parent/Guardian

Date



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