

LANGLEY FUNDAMENTAL MIDDLE & SECONDARY SCHOOL

21250 42 Avenue, Langley, B.C. V3A 8K6
PHONE: 604 534-4779 FAX: 604 534-4795

WAITING LIST APPLICATION

(Please PRINT clearly and complete one form for each child)

Today's Date: _____ ☐ New Family ☐ Sibling Family
Year Month Day

Child's Name: _____ Present Grade: _____
First Name Middle Name Surname (Gr 6-12 only)

Birthdate: _____ Gender: ☐ Male ☐ Female
Year Month Day

Complete Address: _____

_____ City _____ Postal Code

Parent/Guardian (1): _____
Name Cell Work Phone

Parent/Guardian (2): _____
Name Cell Work Phone

Home Telephone: _____ E-mail: _____

Alternate phone contact: _____
Name Phone Relationship

Current School: _____ District: _____

Names of any siblings **currently attending** Langley Fundamental **Middle/Secondary** or **Elementary** Schools:

<i>Child's Name</i>	<i>Present Grade</i>	<i>Child's Name</i>	<i>Present Grade</i>

Names of any siblings **currently on wait list** for the fundamental schools:

<i>Child's Name</i>	<i>Present Grade</i>	<i>Child's Name</i>	<i>Present Grade</i>

Does your child have any special needs or require any special support or assistance? Please describe. (*This information will help us prepare for your child's learning needs.*)

Any additional parent comments: _____

To ensure that you can be contacted when an opening is available for your child, it is very important that you notify our school office if you have a change in your address, postal code or phone number.

Signature of Parent/Guardian: _____