

## TRANSFER / WAITLIST REQUEST

Name of child(ren):

### Existing class

Course:

Day:

Time:

### Waitlist / transfer to which class / time

Course:

Day:

Time:

### Required starting date

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

**Office Use:** Class List  Database

Confirmed By \_\_\_\_\_ (phone/person)

Date: \_\_\_\_\_

C-E-006/2010