



2828 Sixth Street
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Waiting List

Waiting for admission to: ___Preschool, ___ Elementary, or ___ Grades 6 - 12

Child's Name _____

Address _____

City: _____ Zip Code: _____ Home Phone: _____

Date of Birth: _____ Age: _____ Female: ___ Male: ___

Parents: _____

email address: _____

cell phones: _____

Start date: ___ summer 2019 OR ___ August 14, 2019

Previous school & grade: _____

Note: Please attach a nonrefundable \$25 check made payable to The Capitol School to place your child on the waiting list. To complete the registration process:

- ___ please schedule a Parent Interview
- ___ schedule your child's visit on your selected date in April or May
- ___ submit previous school records
- ___ submit signed contract with registration fee.

NOTICE OF NONDISCRIMINATORY POLICY The Capitol School admits students of any race, color, nationality or ethnic origin to the rights, privileges, programs and activities made available to students. It does not discriminate on the basis of race, color, nationality and ethnic origin in educational policies, admissions, scholarship programs, clubs, sports, and other school programs.

_____, parent _____ date