

**SAINT FRANCIS DE SALES SCHOOL
INTERNATIONAL STUDENT
WAIT LIST REGISTRATION FORM**

Application Date: _____

Usual Surname: _____ Legal Surname: _____

Father's First Name: _____ Mother's First Name: _____

Address: _____

Home Phone # _____ Business Phone # _____

Email Address _____

Cell Phone # (F) _____ Cell Phone # (M) _____

Religion: _____ Child Baptized: _____ @ _____
(Religion) (Church)

Parish: _____ S.F.D.S. Envelope # _____
(Family Attends)

Previous School: _____

Child's First Name	Birthdate (M/D/Y)	Grade Requested
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Please indicate if you have any medical concerns or special needs issues for your child:

Let us get to know you! Do you have any special skills or talents? Example: computer, carpentry, electrical, sports, drama, music, food services etc. _____

FOR OFFICE USE	Interview Date: _____
Waiting List: _____ (Date)	Accepted: _____ (Date)