

**ST. FRANCIS de SALES SCHOOL**

**WAIT-LIST REGISTRATION FORM – SCHOOL YEAR: \_\_\_\_\_**

Application Date: \_\_\_\_\_  Attended information meeting

Usual Surname: \_\_\_\_\_ Legal Surname: \_\_\_\_\_

Father's First Name: \_\_\_\_\_ Mother's First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Business Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

Cell Phone # (Father) \_\_\_\_\_ Cell Phone # (Mother) \_\_\_\_\_

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

**MEDICAL PROBLEMS OR KNOWN ALLERGIES** (i.e. epilepsy, diabetes, food allergies, insect bite allergies, vision or hearing impairments, etc.)

- No       - Yes

*Please specify (Note: Staff cannot administer medication unless a formal request form is completed. If your child has a medical condition that requires specific instruction, you must fill out the appropriate paper work which is available at the office.)*

**LEARNING DIFFICULTIES** (reading difficulties, speaking difficulties, physical challenges, autism, developmental delays, etc.)

- No       - Yes

*Please specify* \_\_\_\_\_

In order to provide a safe and productive learning environment, it is imperative that pertinent information is disclosed to the school for educational planning purposes. Acceptance is contingent upon appropriate disclosure of relevant information to the school.

Disclosure of this information **WILL NOT AFFECT** your child's admission.

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: \_\_\_\_\_ Accepted: \_\_\_\_\_  
(Date) (Date)

Fee-Parish Rate:  Non-Parish Rate: