

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: