

**ST. 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 # (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

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: _____ Accepted: _____
(Date) (Date)