

Intent to Enroll Application for 2019-20 School Year

| mon to 2 | on Application for 2017 20 | 3011001 1001 |
|--|----------------------------------|-------------------------------|
| Student Information: | | |
| Name: | Date of Birth: | Current Grade: |
| Street Address: | Mailing Address: | |
| City & Zip Code: | | |
| Male/Female | | |
| Parent information: | | |
| Name: | Name: | |
| Address: | Address: | |
| Phone: | Phone: | |
| Work Phone: | Work Phone: | |
| Cell Phone: | Cell Phone: | |
| Email: | Email: | |
| Sibling Information: | | |
| Name of Sibling: | Current Grade: | |
| This form demonstrates your intention of guarantee enrollment. A separate regist for your child. You will be notified after a your child's enrollment within SFCS. | ration packet is required to com | plete the application process |
| Parent signature: | Da | nte: |

NOTE: SFCS is nonsectarian in its programs, admission policies, and all other operations, does not charge tuition, and does not discriminate based on disability, gender, nationality, race or ethnicity, religion, or sexual orientation.