

FAM Visit Survey

Thank you for helping us to better know your family prior to your visit.

Your First Name:	Your child's first name:
Your Last Name:	Age:
Address:	Currently attending: (school, childcare):
Phone:	Grade:
e-mail:	Siblings:
Date interested to join the school:	Age and Grade:

1. French background of your child and family, if any:
2. How did you hear about the French Academy of Minnesota?
3. Why are you interested in our French School?
4. Did you already visit our website?
5. Which other schools did you visit or do you plan to visit?
6. When do you plan to make your decision regarding your child's registration?

*This information is confidential and will be reserved to our office use only.
If you need to cancel your visit please call the office at 952-944-1930 at least 48 hours in
advance.*

www.famn.org