



# St. Catherine's Elementary School

20244 32 Avenue, Langley BC V2Z 2E1

Tel: 604-534-6564; Fax: 604-534-4871

[www.stcatherines.ca](http://www.stcatherines.ca)

## NEW STUDENT APPLICATION FORM

**NOTE:** A **separate** form must be completed for each child and **returned to the school office by Friday, March 16, 2012**, together with a **non-refundable** application fee of \$40.00. (This fee is applied to the registration fee if accepted). Upon acceptance to St. Catherine's Elementary School a Registration Package will be made available.

SCHOOL YEAR APPLIED FOR \_\_\_\_\_ (e.g. 2012/2013) GRADE \_\_\_\_\_

CHILD'S LEGAL FAMILY NAME \_\_\_\_\_

CHILD'S LEGAL FIRST NAME \_\_\_\_\_ CHILD'S LEGAL MIDDLE NAME(S) \_\_\_\_\_

USUAL FIRST NAME IF DIFFERENT \_\_\_\_\_ i.e. name(s) you would like us to use

CHILD'S BIRTHDATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_ PLACE OF BIRTH \_\_\_\_\_ GENDER \_\_\_\_\_  
Day Month Year

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CHILD'S CITIZENSHIP \_\_\_\_\_

FATHER'S CELL PHONE: \_\_\_\_\_ MOTHER'S CELL PHONE: \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ RELIGION \_\_\_\_\_ OCCUPATION \_\_\_\_\_

FATHER'S PLACE OF WORK \_\_\_\_\_ WORK NUMBER \_\_\_\_\_

FATHER'S PLACE OF BIRTH \_\_\_\_\_ CITIZENSHIP \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ RELIGION \_\_\_\_\_ OCCUPATION \_\_\_\_\_

MOTHER'S PLACE OF WORK \_\_\_\_\_ WORK NUMBER \_\_\_\_\_

MOTHER'S PLACE OF BIRTH \_\_\_\_\_ CITIZENSHIP \_\_\_\_\_

EMAIL ADDRESSE(S) \_\_\_\_\_

NUMBERS TO CALL IN CASE OF SICKNESS/EMERGENCY WHEN PARENTS CANNOT BE REACHED:

1<sup>st</sup> EMERGENCY CONTACT NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

2<sup>nd</sup> EMERGENCY CONTACT NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

CHILD'S MEDICAL CARE CARD NUMBER \_\_\_\_\_

DOCTOR'S NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

PLEASE LIST CHILD'S MEDICAL CONCERNS, ALLERGIES, ETC. (if applicable):

\_\_\_\_\_  
\_\_\_\_\_

NAME OF PARISH IN WHICH YOU ARE REGISTERED \_\_\_\_\_ ENVELOPE # \_\_\_\_\_

HAS ENROLLING CHILD BEEN BAPTIZED CATHOLIC? YES \_\_\_\_\_ NO \_\_\_\_\_ OTHER \_\_\_\_\_

OTHER SACRAMENTS RECEIVED \_\_\_\_\_

PREVIOUS SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

ADDRESS & CITY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

PRIMARY LANGUAGE SPOKEN AT HOME: ENGLISH \_\_\_\_\_ FRENCH \_\_\_\_\_ OTHER \_\_\_\_\_

**(Please complete information on reverse, also)**

**I HEREBY CERTIFY THE PRECEDING INFORMATION TO BE COMPLETE AND CORRECT:**

FATHER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

MOTHER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

*I consent to having St. Catherine's School collect personal information that may include student identification information, birth certificate, baptismal certificate, immunization record, legal guardianship, court orders if applicable, student behavioural, academic, and health information, most recent report card, emergency contact names and numbers, doctor's name and number, dentist's name and number, health insurance number and parent's occupation, religion, parish and envelope number, work numbers and e-mail address, home address, and any similar information needed for registration. This information is required in order to register your child at this school and assist the school in making an informed decision as to your child's appropriate placement in the school. Student information is also available to the Fraser Health Authority. The school may prepare a family phone list for each class, to be distributed to school administrative personnel, teachers, and one or more parents of your child's class, for the purpose of contacting you for emergency and non-emergency school or parish related issues. For more information, the privacy manager for St. Catherine's School is the principal and may be reached at 604-534-6564.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you **DO NOT** want your phone number and address included in the school's phone lists, please indicate below:

\_\_\_ NO Signature: \_\_\_\_\_

**Legal Residency of Parent – FORM A**

To be completed and signed by a parent or legal (court-appointed) guardian. (If legal guardian, attach copy of court order appointing you as legal guardian.)

**1. I am (please  one of the following):**

- A Canadian citizen (if not born in Canada, please attach photocopy of citizenship paper/card)
- A landed immigrant (attach photocopy of landed immigrant status paper)
- Lawfully admitted to Canada under one of the following documents (please mark the appropriate box below and attach photocopy of document):
  - Admission as a refugee claimant
  - A person claiming refugee status who has a letter of no objection
  - Student authorization (student visa) for two or more years (or issued for one year but anticipated to be renewed for one or more additional years)
  - Employment authorization (working permit) for two or more years (or issued for one year but anticipated to be renewed for one or more additional years)
  - A person carrying out official duties as a diplomatic or consular official (with a foreign representative acceptance counter foil in his/her passport)
  - Other – Document description: \_\_\_\_\_

(must be cleared with Immigration Canada)

**2. I am a resident of British Columbia (please  one of the following):**

- Yes Residency Address: \_\_\_\_\_  
\_\_\_\_\_
- No, I am not a resident of British Columbia

**3. Parent's / Legal Guardian's Name:** \_\_\_\_\_

Parent's / Legal Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

How did you hear about our School?

- Family/Friend
- Parish
- Other: \_\_\_\_\_