

CHILD'S NAME: _____
APPLYING FOR GRADE: _____
PARISH: _____ ENV.# _____

DATE OF BIRTH: _____
SIBLINGS: _____



**ST. PATRICK'S ELEMENTARY SCHOOL
REGISTRATION APPLICATION
2026-2027**



(New Students Only)

Please note that Applications will only be processed if all pages are completed in full, and PHOTOCOPIES of the necessary documents & the Registration Fee are attached.

Please DO NOT submit originals. Photocopies will not be made at the school.

All documents and cash payment can be dropped off or mailed to the school office.
Thank you.

REGISTRATION REQUIREMENTS

	Registration Fee – NON-REFUNDABLE - \$75 <i>Due upon submission of application.</i>
	Birth Certificate
	Baptismal Certificate (if Catholic)
	First Communion Certificate (if Catholic & applicable)
	Proof of Canadian Citizenship or Immigration Papers of the Parent(s) and Child
	Legal Residency of Parent Form A completed & signed (enclosed in application)
	Proof of Residency in B.C. (Copy of utility bill, mortgage or rental doc. or tax assessment)
	Previous Year's Report Card
	PIPA & Statement of Commitment Forms completed and signed (enclosed in application)
	Confidential Student Education & Medical Info Page

OFFICE USE ONLY	
ACCEPT	
HOLD	
DECLINE	
NOTES	



St. Patrick's Elementary School

2850 Quebec Street, Vancouver, BC V5T 3A9

Tel: 604-879-4411

Email: administration@spev.ca



APPLICATION FORM 2026-2027

GRADE applying for: _____
(2026-27)

STUDENT INFORMATION (PLEASE PRINT CLEARLY)

Student Last Name:		Student First Name:	Student Middle Name(s):	(Preferred Name)	____ Male ____ Female
Date of Birth: (Month/Day/Year)		Place of Birth:		Citizenship: (Canadian, Perm Res, Visa)	
Child's Religion:	Baptized Catholic? attach certificate	First Communion? attach certificate	Confirmation? attach certificate	PARISH:	ENVELOPE#
Home Address:			City:	Province:	Postal Code:
Home Phone:	Mother's Cell:	Father's Cell:	Primary Email Address:		

PARENTAL/EMERGENCY CONTACT INFORMATION

Father's Last Name:		First Name:	Religion:	Citizenship:	
Address: (if different from student)			City:	Province:	Postal Code:
Employer:		Occupation:		Work Phone:	Marital Status:
Mother's Last Name:		First Name:	Religion:	Citizenship:	
Address: (if different from student)			City:	Province:	Postal Code:
Employer:		Occupation:		Work Phone:	Marital Status:
Language Spoken at Home:	Custody Arrangement (if separated/ divorced attach agreement)			CHILD RESIDES WITH? Mother, Father, Both?	
Indigenous Ancestry if applicable: (child & parents)					
Personal Health No:	Doctor's Name:	Doctor's Phone Number:	Dentist's Name:	Dentist's Phone Number:	

Please list any Medical concerns &/or medications the school should be aware of: e.g. hearing, vision, allergies EPI-PEN? ☐

Younger Sibling:	Birth Date:	Younger Sibling:	Birth Date:
Name of Emergency Contact Other than Parent/Guardian in case of emergency:		Emergency Contact Phone # (s)	Relationship:

Photocopies of the following to be attached (if applicable): Birth Certificate, Baptism Certificate, Parent/Guardian & Child's Proof of Citizenship, Proof of Residency (utility bill), previous report card.

Your signature below indicates your consent for St. Patrick's School to collect the personal information required for the purposes of registration.

Parent/Guardian Signature

Date:

(ADMISSION TO CANADA AND RESIDENCY) - FORM A

(Lawfully Admitted into Canada)

- (Residency in British Columbia)**

- (Attach a recent copy of a utility bill, mortgage document, rental agreement or tax assessment, etc.)*

- ☐ No I am not a resident of British Columbia.

Confirming signatures:

- For Office Use Only:*

Date: _____

**PERSONAL INFORMATION PRIVACY ACT
(PIPA) CONSENT FORM**

1. I consent to having St. Patrick's Elementary School collect personal information that may include student identification information, birth certificate, legal guardianship, court orders if applicable, parents work numbers and e-mail address, behavioural, academic and health information, most recent report card, emergency contact name and number, doctors' names and numbers, health insurance numbers 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 suitability and appropriate placement in the school. It will also allow the school to respond immediately to an emergency. For information, the privacy manager for St. Patrick's School is Mrs. Evans and may be reached at 604-879-4411.

2. I consent to having photographs, videos and work samples of my child(ren) used by St. Patrick's Elementary in the school website, yearbook, Seesaw, Google Classroom, newsletters and other promotional material.

3. I consent to having photographs, videos and work samples of my child(ren) used by St. Patrick's Elementary displayed by outside sources (ie: BC Catholic, Local News stories of school events, etc.)

4. The school may prepare a family phone list for class lists, team lists, etc.

5. The school may release any pertinent information to St. Patrick's Parish (ie:names, addresses, phone contact numbers, etc.)

PLEASE PRINT FAMILY NAME: _____

STUDENTS' NAMES: 1) _____ 2) _____
3) _____ 4) _____

PARENT SIGNATURE: _____ **DATE:** _____



St. Patrick's Elementary School

FAMILY STATEMENT OF COMMITMENT

1. Parents and guardians agree that they and their families will exhibit conduct consistent with Catholic denominational standards. The determination of whether any conduct contravenes these standards is the right of the Board of Directors of the Catholic Independent Schools of Vancouver Archdiocese.
2. All students are required to participate in our religious education curricular and co-curricular programs including liturgical celebrations, retreats, prayer, etc.
3. Parents/Guardians are expected to support the teachings on faith and morals in the Christian Education Program and participate in the program as required by the school.
4. All students are expected to attend school on a regular basis and full participation in all aspects of the educational program of the school are required of every student. Each student is expected to strive toward the development of his/her full potential.
5. Each family is expected to support and participate in the fund-raising activities of the parish/school. In this way, each family shares in the responsibility of educating our students.
6. Each student is expected to know and follow school policies on behaviour, and each parent/guardian is expected to review these policies with their own child.
7. Parents/guardians are expected to support their student's educational program. Parents/guardians agree to consult with that teacher, Principal or other school staff member with respect to the student's educational program as required.
8. Parents/Guardians are expected to attend at least one orientation session, which will focus on the philosophy and goals of our school.
9. Parents/Guardians agree to accept the responsibility for the cost of tuition, supplies and other school activities.
10. If applicable (see Schedule A below), each parent/ guardian agrees to:
 - a) Provide the school with complete and updated versions of any orders or agreements
 - i Affecting, restricting or prohibiting a parent/ guardian's ability to access the school or a student attending the school
 - ii Impacting a parent/guardian's authority over decision making in relation to a student's education
 - iii Ensure that any updates to these orders are given to the school as they occur
 - b) Minimize and avoid any disruption to the school associated with the implementation of those orders or agreements, and
 - c) Comply with the terms of any orders or agreements

11. If any of these conditions are not met the school reserves the right to: refuse admission, or remove the student from the school, or take any other appropriate action in the circumstances.

Parents are asked to retain a copy of this Family Statement of Commitment.

I/we have read and understand the above expectations and commitments and I/we hereby accept them as stated.

Parent/Guardian _____
Name *(please print)*

Signature _____ Date: _____

Parent/Guardian _____
Name *(please print)*

Signature _____ Date: _____

Schedule A (if applicable)

I _____, parent/guardian of _____,
confirm that there is an order or agreement (check as appropriate):

- ☐ affecting, restricting, or prohibiting a parent/guardian’s ability to access the school or a student
- ☐ attending the school
- ☐ impacting a parent/guardian’s authority over decision making in relation to a student’s education
- ☐ Other

Please provide details with respect to the order: _____

I also confirm that:

- I (we) have provided the school with complete versions of all orders.
- I (we) have provided the school with complete versions of all applicable agreements.
- I (we) have provided the school with complete versions of all updates to these orders and agreements.
- I (we) agree to provide the school with any new updates to these orders and agreements as they are determined and to follow up with the documents as they are made available.
- I (we) agree to comply with the terms of any orders or agreements
- I (we) agree to minimize and avoid any disruption to the school associated with the implementation of those orders or agreements

CONFIDENTIAL STUDENT EDUCATION AND MEDICAL INFORMATION:

1. Please list previous schools attended. *Kindergarten registration please include daycare & preschool.*

Name of School	Grade	Year(s) attended	Reason for Leaving

2. Does your child have any medical conditions that require medication or other medical intervention?
(ie: Anaphylaxis – epi-pen, epilepsy, heart defects, asthma, etc..)

Yes ☐ No ☐ If Yes, please describe? _____

3. Has your child ever received EAL or ESL or ELL (English language assistance)?

Yes ☐ No ☐ If Yes for which grades? _____

4. Has your child ever been recommended for, or received support/inclusive education (Special Education) services?

Yes ☐ No ☐ If Yes please describe? _____

5. Does your child have or ever had an Individual Education Plan (IEP)? If yes, please describe?

Yes ☐ No ☐ If Yes please describe? _____

6. Does your child have any accessibility needs or physical limitations that affect his/her learning or mobility?

Yes ☐ No ☐ If Yes please describe? _____

7. Does your child have any learning difficulties (reading difficulties, speaking difficulties, autism, developmental delays, etc.)

Yes ☐ No ☐ If Yes, please specify? _____

8. Please indicate if any of the following professional assessments have been completed and attach copies of the reports.

- ☐ Psycho-Education Assessment
- ☐ Occupational Therapy Assessment
- ☐ Speech Language Pathologist Assessment
- ☐ Physiotherapist Assessment
- ☐ Other. Please describe : _____

9. Please check any of the following support services that your child currently receives?

- ☐ Education Assistant Support
- ☐ Occupational Therapy
- ☐ Physiotherapy
- ☐ Speech-Language Therapy
- ☐ Behaviour Consultant
- ☐ Teacher of the Deaf & Hard of Hearing
- ☐ Teacher of the Visually Impaired
- ☐ Other. Please describe: _____

10. Please provide an additional information that could assist us in knowing your child?

****In order to provide a safe and productive learning environment, it is imperative that pertinent information is disclosed to the school for educational program planning purposes. Acceptance is contingent upon appropriate disclosure of relevant information to the school.**

By signing this form, I declare that I have read and understand the information contained within it, and the information I have provided is correct and accurate. In addition, I give the administration of St. Patrick's School permission to contact all former schools, daycares and/or preschools that my child has attended. I acknowledge that failure to fully disclose information may result in the cancellation or delay of my child's registration.

Parent/Guardian Name: _____ Signature: _____
please print

Date: _____



ST. PATRICK'S ELEMENTARY SCHOOL

TUITION RATES: 2026-2027

Tuition is withdrawn on June 1st and September 1st, 2026 through May 1, 2027
The First month tuition is non-refundable.

Number of Children/Category	Catholic Registered St. Pat's Parishioners Cat.1	Catholic Non-Parishioners Cat. 2	Non-Catholics Cat.3
1 Child	\$455.00/month (\$4550/year)	\$599.00/month (\$5990/year)	\$690.00/month (\$6900/year)
2 Children	\$799.00/month (\$7990/year)	\$947.00/month (\$9470/year)	\$1135.00/month (\$11,350/Year)
3+ Children	\$970.00/month (\$9700/year)	\$1120.00/month (\$11,200/year)	\$1515.00/month (\$15,150/year)

OTHER FEES for 2026-2027:

Registration Fee	\$75.00 non-refundable. Due upon submission of application.
General Fee	\$150.00 per student due upon acceptance and non-refundable. This fee covers expenses related to copying class resources, paper, student resource textbooks, student consumable workbooks, class resource fees, agendas, art, music and gym equipment and other essential resources.
Emergency Prep Fee	\$50.00 for all new students Kinder through 7; and all returning Grade 4 students due upon acceptance and non-refundable.
School Supplies	\$60.00 per student due upon acceptance and non-refundable. This fee covers expenses related to student consumable supplies. To save costs these items are purchased in bulk & kept at school for students use.
Fundraising	\$150 minimum per family
Parent Participation	40 hours which is equivalent to \$30/hour; Non-Participation Fee is \$1,200/per year.