St. Joseph’s Elementary School

3261 Fleming Street, Vancouver, BC V5N 3V6

 Tel: 604-872-5715 Email: office@saintjosephschool.ca

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| APPLICATION FORM 2025-2026 | GRADE in 2025-2026 \_\_\_\_\_  |
| **STUDENT INFORMATION (PLEASE PRINT CLEARLY)** |
| Student Name: (Last Name) | (First Name) | (Middle) | (Preferred) |  Male Female   |
| Date of Birth: (Month/Day/Year) | Place of Birth: | Citizenship: (Canadian, Perm Res, Visa ) |
| Child’s Religion: | Date of Baptism: | Church of Baptism: | City/Country of Baptism: | First Communion: | Confirmation: |
| Address: | City: | Province: | Postal Code: |
| Home Phone: | Mother’s Cell: | Father’s Cell: | Mother’s Email: | Father’s Email: |
| **PARENTAL/EMERGENCY CONTACT INFORMATION (All information below must be completed.)** |
| Father’s Name: (Last Name) | (First Name) | Religion: | Citizenship:  |
| Address: (if different from student) | City: | Province: | Postal Code: |
| Employer: | Occupation: | Work Phone: | Marital Status: |
| Mother’s Name: (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) | Family Parish: |
| Doctor’s Name: | Number: | Personal Health No: | Dentist’s Name: | Number: |
| Academic or behavioural needs: |
| School Last Attended: | School’s Address: |
| Younger Sibling: | Birth Date: | Younger Sibling: | Birth Date: |
| **Please supply** **Birth Certificate, Baptismal Certificate (if appropriate), complete Immunization Record and the student’s most recent Report Card (if applying for grades other than Kindergarten).** |
| Your signature below indicates your consent for St. Joseph’s School to collect the personal information required for the purposes of registration. |
| Mother’s Signature | Date | Father’s Signature | Date |
| How did you hear about our school? |  |
| If you were referred by one of our families, please indicate below. |
| Referred By: | Family Name | Child’s Name | Grade | Date Rec’d |
|  |
| **Office use only** |
| Interview Date & Time |  | Accepted | Waitlist |
| Acceptance Letter Sent |  | Forms Returned |  |
| Tuition Schedule | Earthquake Form | Legal Residency | Registration Fee |
| Pastor Approval | Participation | Birth Cert | Activity Fee |
| PAD form/Void check | Commitment | Baptism Cert | Tuition Deposit |
| Allergy Form | Consent | Immunization | Report Card |