

St. Joseph's Elementary School 3261 Fleming Street, Vancouver, BC V5N 3V6

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

APPLICATION FORM 2026-2027								GRADE in 2026-2027				
STUDENT INFORM	MATION (P	LEASE P	RINT CLEARLY)									
Student Name: (Last Name)			(First Name)		(Middle	2)		(Prefer	red)		Male Female	
Date of Birth: (Month/Day/Year)			Place of Birth:	Place of Birth:				Citizenship: (Canadian, Perm Res, Visa)				
Child's Religion: Date of Baptism:		Church of Bapt	tism:	City/Country of Baptism:		:	First Communion:		: Co	onfirmation:		
Address:					City:			Provinc	ce:	Po	ostal Code:	
Home Phone:	Mother's Cell:		Father's Cell:	Father's Cell:		Mother's Email:		Father's Email:		:		
PARENTAI /EMER	GENCY CO	NTACTI	NEORMATION	(All infor	matio	n helow mus	st he cor	nnlet	ed)			
Father's Name: (Last Na	(First Name)	ORMATION (All information below mu (First Name) Religion:			or oc cor	Citizenship:						
Address: (if different fro		City:			Province:		Po	ostal Code:				
Employer:	Occupation:	Occupation:					Work Phone:		arital Status:			
Mother's Name: (Last N	(First Name)		Religion:			Citizenship:						
Address: (if different fro				City:		Province:		Po	ostal Code:			
Employer:	Occupation:	Occupation:				Work Phone:		М	arital Status:			
Language Spoken at Hor	Arrangement (if sepa	ngement (if separated/ divorced attach agreement)				Family Parish:						
Doctor's Name:	Doctor's Name: Number:		Personal Hea	Personal Health No:		Dentist's Name:		Number:		er:		
Academic or behavioura	I needs:											
				<u> </u>								
School Last Attended:			School's Address:									
Younger Sibling: Birt			Birth Date:		Younger Sibling:			Birth Date:				
Please supply B	irth Certifi	cate, Ba	aptismal Certif	ficate (if	appro	priate), con	nplete I	mmu	nization	Recor	d and the	
student's most re	ecent Repo	rt Card (if applying for	grades ot	ther th	an Kinderga	rten).					
Your signature be	elow indica	tes you	r consent for S	t. Joseph'	's Scho	ool to collect	t the per	rsonal	inform	ation r	equired for	
the purposes of r	egistration.	ı										
Mother's Signature			Date	Date		Father's Signat			·uro [
How did you hear				Tatrier s Signat				Date				
If you were referr	ed by one	of our fa	milies, please i	ndicate b	elow.							
Referred By:				Child's Name		Grade		Da	ate Rec'd			
Office use only							l e					
Interview Date & Time						Accepted			Waitlist			
Acceptance Letter Sent					Forms Returned							
Tuition Schedule			ıake Form		Legal Residency			Registration Fee				
Pastor Approval Participati					Birth Cert			Activity Fee				
PAD form/Void check Commitm				\vdash	Baptism Cert			Tuition Deposit				
Allergy Form	\sqcup	Consen	τ	\Box	Immu	nization	\Box	Rep	oort Card	d	\Box	