



# St. Joseph's Elementary School

3261 Fleming Street, Vancouver, BC V5N 3V6

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

APPLICATION FORM 2025-2026						GRADE in 2025-2026 _____	
<b>STUDENT INFORMATION (PLEASE PRINT CLEARLY)</b>							
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:		
<b>PARENTAL/EMERGENCY CONTACT INFORMATION (All information below must be completed.)</b>							
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:	
<b>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).</b>							
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
<b>Office use only</b>							
Interview Date & Time		_____		Accepted <input type="checkbox"/>		Waitlist <input type="checkbox"/>	
Acceptance Letter Sent		_____		Forms Returned			
Tuition Schedule	<input type="checkbox"/>	Earthquake Form	<input type="checkbox"/>	Legal Residency	<input type="checkbox"/>	Registration Fee	<input type="checkbox"/>
Pastor Approval	<input type="checkbox"/>	Participation	<input type="checkbox"/>	Birth Cert	<input type="checkbox"/>	Activity Fee	<input type="checkbox"/>
PAD form/Void check	<input type="checkbox"/>	Commitment	<input type="checkbox"/>	Baptism Cert	<input type="checkbox"/>	Tuition Deposit	<input type="checkbox"/>
Allergy Form	<input type="checkbox"/>	Consent	<input type="checkbox"/>	Immunization	<input type="checkbox"/>	Report Card	<input type="checkbox"/>