St. Joseph’s Elementary School

3261 Fleming Street, Vancouver, BC V5N 3V6

 Tel: 604-872-5715 Email: stjosephsvancouver@telus.net

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| APPLICATION FORM 2021-2022 | GRADE:  |
| **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: |
| In the event of an emergency and I cannot be contacted, my child may be released into the custody of: |
| 1. Emergency Contact Name: (Last Name) | (First Name) | Home Phone: | Cell: | Relationship: |
| 2. Emergency Contact Name: (Last Name) | (First Name) | Home Phone: | Cell: | Relationship: |
| Doctor’s Name: | Number: | Personal Health No: | Dentist’s Name: | Number: |
| Medical problems the school should we aware of: e.g. hearing, vision, allergies |
| School Last Attended: | School’s Address: |
| Younger Sibling: | Birth Date: | Younger Sibling: | Birth Date: |
| **Kindergarten/new students** **are requested to 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 |