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 2023-2024 | | | | | | | | | | 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 be 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 |