



# St. Joseph's Elementary School

3261 Fleming Street, Vancouver, BC V5N 3V6

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

| APPLICATION FORM 2024-2025   |                          |   |                          |                                   |  | GRADE in 2024-2025 _____          |                          |
|--|--------------------------|---|--------------------------|-----------------------------------|--|-----------------------------------|--------------------------|
| <b>STUDENT INFORMATION (PLEASE PRINT CLEARLY)</b>  |                          |   |                          |                                   |  |                                   |                          |
| Student Name: (Last Name)  |                          | (First Name)  |                          | (Middle)                          |  | (Preferred)                       | _ Male<br>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:                           |                          |
| 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:                       |                          |
| <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?   |                          |   |                          |                                   |  |                                   |                          |
| <b>If you were referred by one of our families, please indicate below.</b>   |                          |   |                          |                                   |  |                                   |                          |
| 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"/> |