

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

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

STUDENT INFORMATION (PLEASE PRINT CLEARLY)   Student Name: (List Name)   (Prot Name)	APPLICATION FORM 2024-2025								GRADE in 2024-2025				
First Name: (Lost Name)													
Date of Birth: (Month/Day/Year)				-		(Middle	5)		(Preferred)		Τ_	_Male	
Child's Religion: Date of Baptism: Church of Baptism: Chy/Country of Baptism: Pirst Communion: Confirmation:  Address: City: Province: Postal Code:  Nome Phone: Mother's Cell: Father's Cell: Mother's Email: Father's Email: Province: Postal Code:  Nome Phone: Mother's Cell: Father's Cell: Mother's Email: Father's Email: Province: Citzenship:  Address: (Isas Name) (First Name) Religion: Citzenship: Address: (Isas Name) (Prest Name) Religion: Citzenship: Marital Status:  Mother's Name: (Luss Name) (First Name) Religion: City: Province: Postal Code: Postal Code: Postal Code: Mork Phone: Marital Status: Province: Postal Code: Postal Code: Mork Phone: Marital Status: Mother's Name: (Luss Name) (Prest Name) (City: Province: Postal Code: Postal Code: Postal Code: Mork Phone: Marital Status: Province: Postal Code: Postal Code: Mork Phone: Marital Status: Province: Postal Code: Postal Code: Mork Phone: Marital Status: Postar Name: Mork Phone: Marital Status: Postar Name: Number: Personal Health No: Dentist's Name: Number: Number: Marital Status: Personal Health No: Dentist's Name: Number: Personal Health No: Dentist's Name: Number: Nu											F	emale	
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Address:   Mother's Cell:   Father's Email:   Fa	Jacob Siram (Monthly 2	4,7,1041,							0.0.20.	omp. (can	aa.a., . c	1100, 1100 ,	
PARENTAL/EMERGENCY CONTACT INFORMATION (All information below must be completed.)   Father's Name: (Lust Name)   First Name)   Religion:   Citizenship:   Address: (if different from student)   City:   Province:   Postal Code:   Mork Phone:   Marital Status:   Morker's Name: (Lust Name)   Morker's Name: (Lust Name)   City:   Province:   Postal Code:   Postal Code	Child's Religion:	Child's Religion: Date of Baptism:		Church of Baptism:		City/Country of Baptism:			First Communion:		: 0	Confirmation:	
PARENTAL/EMERGENCY CONTACT INFORMATION (All information below must be completed.) Father's Name: (Last Name)	Address:					City:	City:		Province:		P	Postal Code:	
Religion:   Crizenship:   Address: (If different from student)   City:   Province:   Postal Code:	Home Phone:	Mother's Cell	:	Father's Cell:		Mother's Email:			Father's Email:		:		
Religion:   Crizenship:   Address: (If different from student)   City:   Province:   Postal Code:	PARENTAL/EMERGENCY CONTACT INFORMATION (All information below must be completed.)												
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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)  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:  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).  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  Office use only Interview Date & Time Acceptad	Employer.			Occupation.						Work Phone:		viaritai Status.	
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