



## ST. EDMUND'S ELEMENTARY SCHOOL

535 Mahon Ave, North Vancouver, British Columbia V7M 2R7  
Tel (604) 988-7364 • Fax: (604) 988-7350

Grade: [ ]

### APPLICATION FORM 2019-2020

(Office use only Code: \_\_\_\_\_)

Name of Child (Surname) \_\_\_\_\_ (Given names) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cel Phone: \_\_\_\_\_

Family e-mail: \_\_\_\_\_

Birth Date of child entering: Month \_\_\_\_\_ \ Day \_\_\_\_\_ \ Year \_\_\_\_\_ Male [ ] Female [ ]

Place of Birth: \_\_\_\_\_ Language spoken in the home: \_\_\_\_\_

Father's name: \_\_\_\_\_ Bus. Ph: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Bus. Ph: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's Religion: \_\_\_\_\_ Father's Religion: \_\_\_\_\_

Child's Religion: \_\_\_\_\_ Place of Baptism: \_\_\_\_\_

Place of First Communion: \_\_\_\_\_ Place of Confirmation: \_\_\_\_\_

Parish Attending: \_\_\_\_\_ Envelope # \_\_\_\_\_

Name & Address of previous school: \_\_\_\_\_ Ph. #: \_\_\_\_\_

Doctor: \_\_\_\_\_ Ph.#: \_\_\_\_\_ Dentist: \_\_\_\_\_ Ph. #: \_\_\_\_\_

Emergency Contact (a): \_\_\_\_\_ Relationship: \_\_\_\_\_ Ph. #: \_\_\_\_\_

Emergency Contact (b): \_\_\_\_\_ Relationship: \_\_\_\_\_ Ph. #: \_\_\_\_\_

Medical Problems\Allergies: \_\_\_\_\_

B.C. Care Card Number: \_\_\_\_\_

Confirming signature: Parent\Legal Guardian's name: \_\_\_\_\_ Signature: \_\_\_\_\_

Dated: \_\_\_\_\_

***Please note that more information is needed than what is asked for on this form. For a full registration package please contact the school.***

PLEASE PROVIDE THE FOLLOWING DOCUMENTS FOR YOUR CHILD:

- |  |  |
|--|--|
| <input type="checkbox"/> Birth Certificate           | <input type="checkbox"/> Proof of legal residency, if born outside of Canada |
| <input type="checkbox"/> Baptism Certificate         | <input type="checkbox"/> Proof of parent's legal residency                   |
| <input type="checkbox"/> Immunization form           |  |
| <input type="checkbox"/> Previous School Report Card |  |
| <input type="checkbox"/> Care Card                   |  |

For the purposes of the School Directory circulated to all School families, I would like my child's contact information to appear as follows:

Tel \_\_\_\_\_ email \_\_\_\_\_

OPT OUT (initial here) I/we prefer that no contact information be published for my child/ren in the School Directory