



**St. Edmund's
ELEMENTARY SCHOOL**

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

FORM #1 (of 9)

Grade: []

REGISTRATION 2021-2022

(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 child's legal residency, if born outside of Canada |
| <input type="checkbox"/> Baptism Certificate | <input type="checkbox"/> Proof of parent's legal residency and copy of utility bill. |
| <input type="checkbox"/> Immunization form | |
| <input type="checkbox"/> Previous School Report Card | |
| <input type="checkbox"/> Care Card | |