



# St. Catherine's Elementary School

20244 32 Avenue, Langley BC V2Z 2E1

Tel: 604-534-6564; Fax: 604-534-4871

[www.stcatherines.ca](http://www.stcatherines.ca)

## APPLICATION FORM FOR SIBLINGS

**NOTE: Please return this form to the school office by Friday, January 15, 2021**, along with a copy of 1) child's Canadian birth certificate/immigration document; 2) if applicable, Baptismal certificate; 3) one parent's Canadian birth certificate or immigration document; 4) proof of residency (see reverse for details).

SCHOOL YEAR APPLIED FOR: \_\_\_\_\_ GRADE: \_\_\_\_\_

CHILD'S LEGAL FAMILY NAME \_\_\_\_\_

CHILD'S LEGAL FIRST NAME \_\_\_\_\_ CHILD'S LEGAL MIDDLE NAME(S) \_\_\_\_\_

USUAL FIRST NAME IF DIFFERENT \_\_\_\_\_ i.e. name(s) you would like us to use

CHILD'S BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_ GENDER \_\_\_\_\_  
Day Month Year

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CHILD'S CITIZENSHIP \_\_\_\_\_

FATHER'S CELL PHONE: \_\_\_\_\_ MOTHER'S CELL PHONE: \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ RELIGION \_\_\_\_\_ OCCUPATION \_\_\_\_\_

FATHER'S PLACE OF WORK \_\_\_\_\_ WORK NUMBER \_\_\_\_\_

FATHER'S PLACE OF BIRTH \_\_\_\_\_ CITIZENSHIP \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ RELIGION \_\_\_\_\_ OCCUPATION \_\_\_\_\_

MOTHER'S PLACE OF WORK \_\_\_\_\_ WORK NUMBER \_\_\_\_\_

MOTHER'S PLACE OF BIRTH \_\_\_\_\_ CITIZENSHIP \_\_\_\_\_

EMAIL ADDRESS(ES) \_\_\_\_\_

NUMBERS TO CALL IN CASE OF SICKNESS/EMERGENCY WHEN PARENTS CANNOT BE REACHED:

1<sup>st</sup> EMERGENCY CONTACT NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

2<sup>nd</sup> EMERGENCY CONTACT NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

CHILD'S PERSONAL HEALTH NUMBER \_\_\_\_\_

DOCTOR'S NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

PLEASE LIST CHILD'S MEDICAL CONCERNS, ALLERGIES, ETC. (if applicable):  
\_\_\_\_\_  
\_\_\_\_\_

SIBLING/S NAME/S AND DATE/S OF BIRTH: \_\_\_\_\_

NAME OF PARISH IN WHICH YOU ARE REGISTERED \_\_\_\_\_ ENVELOPE # \_\_\_\_\_

HAS ENROLLING CHILD BEEN BAPTIZED CATHOLIC? YES \_\_\_\_\_ NO \_\_\_\_\_ OTHER \_\_\_\_\_

OTHER SACRAMENTS RECEIVED \_\_\_\_\_

PREVIOUS SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

ADDRESS & CITY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

PRIMARY LANGUAGE SPOKEN AT HOME: ENGLISH \_\_\_\_\_ FRENCH \_\_\_\_\_ OTHER \_\_\_\_\_

**(Please also complete information on reverse)**

**I HEREBY CERTIFY THE PRECEDING INFORMATION TO BE COMPLETE AND CORRECT:**

FATHER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

MOTHER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

*I consent to having St. Catherine's School collect personal information that may include student identification information, birth certificate, baptismal certificate, immunization record, legal guardianship, court orders if applicable, student behavioural, academic, and health information, most recent report card, emergency contact names and numbers, doctor's name and number, dentist's name and number, health insurance number and parent's occupation, religion, parish and envelope number, work numbers and e-mail address, home address, and any similar information needed for registration. This information is required in order to register your child at this school and assist the school in making an informed decision as to your child's appropriate placement in the school. Student information is also available to the Fraser Health Authority. The school may prepare a family phone list for each class, to be distributed to school administrative personnel, teachers, and one or more parents of your child's class, for the purpose of contacting you for emergency and non-emergency school or parish related issues. For more information, the privacy manager for St. Catherine's School is the principal and may be reached at 604-534-6564.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you **DO NOT** want your phone number and address included in the school's phone lists, please indicate below:

\_\_\_ NO Signature: \_\_\_\_\_

**STATUS OF PARENT/GUARDIAN -- CITIZENSHIP/ADMISSION TO CANADA AND RESIDENCY – FORM A**

To be completed and signed by a parent or legal (court-appointed) guardian. If legal guardian, attach a copy of court order appointing you as legal guardian.

**(Lawfully Admitted into Canada)**

I am (please ✓ one):

- A Canadian citizen (please attach a copy of parent's birth certificate or citizenship paper/card).
- A Permanent Resident (please attach a copy of parent's landed immigrant status paper or Permanent Resident card).
- Lawfully admitted to Canada under the Immigration and Refugee Protection Act (Canada) with one of the following documents (please mark the appropriate box below and attach a copy of document):
  - Admission as a refugee or refugee claimant.
  - Valid student permit for two or more years (or issued for one year but anticipated to be renewed for one or more additional years).
  - Valid employment authorization (work permit) for two or more years (or issued for one year but anticipated to be renewed for one or more additional years).
  - A person carrying out official duties under the authority of the Visiting Forces Act or as an accredited diplomatic agent, pre-clearance officer, consular officer or official representative in Canada of a foreign government with a consular post in British Columbia.
  - Other - document description: (must be cleared with Citizenship and Immigration Canada):

**(Residency in British Columbia)**

1. I am a resident of British Columbia (please ✓ one):

Yes Residency address: \_\_\_\_\_

**(Attach a recent copy of a utility bill, mortgage document, rental agreement, or property tax assessment)**

No I am not a resident of British Columbia.

**Confirming signatures:**

2. Parent/Legal Guardian's name: \_\_\_\_\_

Parent/Legal Guardian's signature: \_\_\_\_\_

Date: \_\_\_\_\_

**For Office Use Only:**

**Proof of Residency:** \_\_\_\_\_  
**Initials**

**Date:** \_\_\_\_\_