



St. Catherine's Elementary School

20244 32 Avenue, Langley BC V2Z 2E1

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

www.stcatherines.ca

NEW STUDENT APPLICATION FORM

NOTE: Please return this form to the school office, with copies 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: **2021/2022**

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:

1st EMERGENCY CONTACT NAME _____ PHONE # _____

2nd 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: _____

How did you hear about our School?

Family/Friend

Parish

Other: _____