

• **Medical Information**

Family Doctor: _____ Phone: _____ Care Card #: _____
Dentist: _____ Phone: _____
Health or Social Problems: _____ Physical Limitations: _____
Medical Alert YES NO Allergies: _____
Immunizations up to date: YES NO Last immunization at: _____

• **Religious Information**

Sacred Heart Parishioner or Non-Parishioner

Father's Religion _____ Mother's Religion _____ Parish Envelope # _____
Child's Religion _____ Child's Baptism Date _____ at _____ parish
Copy of Baptism Certificate received: _____ Dates: Reconciliation _____ First Communion _____ Confirmation _____

• **Educational Information**

Former School: _____ Address: _____
City: _____ Postal Code: _____
Has this child received Special Education Programming: YES NO
Has this child received Learning Assistance: YES NO
Please attach a copy of your child's last report card.

• **Bus Information**

Bus Student: YES NO Bus # _____

For New Registrations Only:
Please explain your reasons for seeking admission to Sacred Heart Catholic School:

FOR OFFICE USE ONLY:

Family deposit of \$100.00 received Tuition Rate: _____ Birth Certificate rcvd. Baptism certificate rcvd.

Pastor's signature

Principal's signature

I certify that this information is complete and correct.

DATE: _____ **PARENT/GUARDIAN SIGNATURE:** _____

Legal Residency of Parent

To be completed and signed by a parent or legal (court-appointed) guardian. (If legal guardian, attach copy of court order appointing you as legal guardian.) If both parents are deceased please request a different form.

(Lawfully admitted into Canada)

I am (please X one):

- A Canadian citizen (if not born in Canada, please attach photocopy of citizenship paper/card)
- A landed immigrant (attach photocopy of landed immigrant status paper)
- Lawfully admitted into Canada under one of the following documents (please mark the appropriate box below and attach photocopy of document):
 - Admission as a refugee claimant
 - A person claiming refugee status who has a letter of no objection
 - Student authorization (student visa) for two or more years (or issued for one year but anticipated to be renewed for one or more additional years)
 - Employment authorization (working permit) for two or more years (or issued for one year but anticipated to be renewed for one or more addition years)
 - A person carrying out official duties as a diplomatic or consular official (with a foreign representative acceptance counterfoil in his/her passport)
 - Other - Document description: (must be cleared with Immigration Canada _____)

(Residency in British Columbia)

I am a resident of British Columbia (please X one):

- Yes Residency address: _____
- No I am not a resident of British Columbia

Confirming Signature:

Parent/Legal Guardian's Name _____ Student Name: _____

Parent/Legal Guardian's Signature: _____ Date: _____

Declaration

Please X all that apply:

- I give permission for the transfer of all information and documentation pertaining to my child as named below if transferring to/from a BC public school, or a school outside of BC.
- I give my consent for the release of my name, phone number and address for school communication purposes, such as Parent Support Group and classroom phoning committees, etc.
- I give my consent for the publication of my child's name, photograph and comments for school purposes in the news media/school or parish publications/school website/Catholic Independent Schools (CISKD) website.
- I give my permission for my child to participate in school field trips and/or other related trips

I agree to these conditions. I will contact the school if I want to change any of the above conditions at any time.

Parent Name: _____ Student Name: _____

Parent/Guardian Signature: _____ Date: _____