



APPLICATION FOR ADMISSION FORM
SACRED HEART CATHOLIC SCHOOL
455 Pigeon Avenue, Williams Lake BC V2G 4R5
Phone (250) 398-7770 Fax (250) 398-7725

| OFFICE USE ONLY | |
|-----------------------|----------------|
| Date of entry: _____ | Reg fee: _____ |
| Forms received: _____ | |
| ID# _____ | FPS #: _____ |
| PEN #: _____ | |

PERSONAL INFORMATION:

Student's **legal** names: _____
Surname First Middle

Student's **usual** names: _____
Surname First Middle

To be registered in Grade _____ Sex: M or F

Birth date: _____ Place of birth: _____ Copy of birth certificate
(year/month/day)

Primary language: _____ Other (specify): _____

Citizenship: Canadian YES NO Other (specify): _____

Aboriginal ancestry: YES NO Status: YES NO Living on reserve: YES NO

If status & living on reserve: Band name _____ DIA# _____

FAMILY INFORMATION:

Name of parent/guardian: _____

Primary phone: _____ circle: cell / home / work

Alternate phone number: _____ circle: cell / home / work

Email address: _____

Mailing address: _____
House number Street City Postal Code

Home address _____
(if different from above) House number Street City Postal Code

Resident in home with child: YES NO

Name of parent/guardian: _____

Primary phone: _____ circle: cell / home / work

Alternate phone number: _____ circle: cell / home / work

Email address: _____

Mailing address: _____
House number Street City Postal Code

Home address _____
(if different from above) House number Street City Postal Code

Resident in home with child: YES NO

Custody: Mother Father Both Other (please specify): _____

Legal Alert: YES NO (*If yes please provide support documents) Date provided: _____

Please contact the school to discuss any custody arrangements. Notes:

Please outline any special living arrangements: _____

Emergency contact person: _____ Relationship to child: _____

Primary phone number: _____ circle: cell / home / work

Alternate phone number: _____ circle: cell / home / work

Email address (optional): _____

Alternate contact person: _____ Relationship to child: _____

Primary phone number: _____ circle: cell / home / work

Alternate phone number: _____ circle: cell / home / work

Email address (optional): _____

Safe pick up: Please include any other adults (not listed above) that you would like to list for safe pick up of your child(ren):

Siblings: Please give name and year of birth (YOB)

Name _____ YOB _____ Name _____ YOB _____ Name _____ YOB _____

MEDICAL INFORMATION

Family Doctor: _____ Phone: _____ Care card #: _____

Copy of care card

Dentist: _____ Phone: _____

Health considerations: _____

Social considerations: _____

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

Dates: Reconciliation: _____ First Communion: _____ Confirmation _____

EDUCATIONAL INFORMATION

Former school: _____

Address: _____
Number Street City Postal Code

Has this child received special education programming: YES NO

Has this child received learning assistance: YES NO

Copy of child last report card

BUS INFORMATION

Bus Student: YES NO

Bus # _____

MEAL PLAN

Will your child participate in the meal program: YES NO Details _____

For New Registrations Only:

Please explain your reasons for seeking admission to Sacred Heart Catholic School:

I certify that this information is complete and correct

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

Pastor's signature

Principal's 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 permission for my child to participate in school field trips and/or other related trips (consent forms will be sent home to be signed for each activity/event where students leave the school grounds.)

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: _____