



St. Catherine's Elementary School

20244 32 Avenue, Langley BC V2Z 2E1

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

www.stcatherines.ca

APPLICATION YEAR _____

APPLYING FOR GRADE: _____

STUDENT INFORMATION:

Legal Last Name _____
Legal First Name _____
Usual Last name _____
Preferred First name _____
Middle Name _____
Gender (M/F) _____
Birth Date (DD/MM/YYYY) _____ Age _____
Home Phone (ten digits) _____

Baptized (please check one): Yes _____ No _____

Other Sacraments Received _____

Religion _____

Parish: _____

STUDENT CITIZENSHIP / MISCELLANEOUS:

Country of Birth _____ Citizen of _____

Canadian Citizen _____ Permanent Resident _____

Work Permit _____ Study Permit _____ Refugee _____

Language at home _____

STUDENT ADDRESS:

Street# & Name _____ Unit# _____ City _____ Province _____ Postal Code _____

Personal Health Number (PHN) _____

Medical Concerns, Allergies, etc. _____ EpiPen Required? _____

Doctor: Name _____ Doctor's Phone Number (ten digits) _____

Previous School: Name _____ Address _____

PARENT / GUARDIAN INFORMATION:

Student lives with (check applicable): Both parents: _____

Mother only: _____ Father only: _____ Shared custody: _____

(Please provide copy of custodial agreement, if applicable, with the registration package)

Guardian: _____ (Please provide copy of guardianship document with the registration package)

1. Relationship _____
Last Name _____
First Name _____
Living with Student _____ (Y/N)
Religion _____ Occupation _____
Place of Birth _____ Citizenship _____
Address (if not living with student)
Street# & Name _____ Unit# _____
City _____
Province _____ Postal Code _____
Home Phone (ten digits) _____ Unlisted _____ (Y/N)
Cell (ten digits) _____
Email Address _____

2. Relationship _____
Last Name _____
First Name _____
Living with Student _____ (Y/N)
Religion _____ Occupation _____
Place of Birth _____ Citizenship _____
Address (if not living with student)
Street# & Name _____ Unit# _____
City _____
Province _____ Postal Code _____
Home Phone (ten digits) _____ Unlisted _____ (Y/N)
Cell (ten digits) _____
Email Address _____

EMERGENCY CONTACTS:

1. Relationship _____
Last Name _____
First Name _____
Phone Number (ten digits) _____

2. Relationship _____
Last Name _____
First Name _____
Phone Number (ten digits) _____

I consent to having St. Catherine's School collect personal information that may include student information, birth certificate and legal guardianship. This information is required in order to apply for admission to the school and will be used to assist the school in making an informed decision as to your child's placement in the school. For more questions and more information, the principal of St. Catherine's School may be reached at 604-534-6564.

Parent / Guardian Name

Parent / Guardian Signature

Date

I certify that the information on this form is correct.

PARENT/GUARDIAN SIGNATURE: _____

DATE _____

Please also complete the information on reverse and provide the requested documents that are listed there.



St. Catherine's Elementary School

FAMILY NAME: _____

Please return your completed application 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 (must be either a current BC Hydro or FortisBC bill, or mortgage document, or rental agreement, or property tax assessment).

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 check (✓) 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 check (✓) one]*:

- ☐ Yes: Residency address: _____

Please 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.

2. **Confirming signatures:**

Parent/Legal Guardian's name: _____

Parent/Legal Guardian's signature: _____

Date: _____

For Office Use Only:

Proof of Residency: _____
Initials

Date: _____