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: 20 -20

APPLYING FOR GRADE: _____

STUDENT INFORMATION:

Legal Last Name _____
Legal First Name _____
Usual Last name _____
Preferred First name _____
Middle Name _____
Gender Female
Birth Date (DD/MM/YYYY) _____ Age_____
Language at home _____

Baptized? No
Other Sacraments Received _____
Religion _____
Parish: _____

STUDENT CITIZENSHIP:

Country of Birth _____ Citizen of _____
Canadian Citizen ☐ **Permanent Resident** ☐
Work Permit ☐ **Study Permit** ☐ **Refugee** ☐

STUDENT ADDRESS:

Street # & Name_____ Unit #____ City _____ Province _____ Postal Code_____
Personal Health Number (PHN) _____
Medical Conditions _____
EpiPen Required? _____
Doctor: Name _____ Doctor's Phone Number (ten digits) _____
Name of Previous School _____ Address _____

PARENT / GUARDIAN INFORMATION:

Student lives with: Both parents: ☐ Mother only: ☐ Father only: ☐ Shared custody*: ☐ Guardian**: ☐

***Please provide a copy of custodial agreement, if applicable, with the registration package**
****Please provide copy of guardianship document, if applicable with the registration package**

1. Relationship _____
Last Name _____
First Name _____
Living with Student Yes
Religion _____ Occupation _____
Place of Birth _____ Citizenship _____
Home Phone (ten digits) _____
Cell (ten digits) _____
Email Address _____
Address (if not living with student)
Street # & Name_____Unit #_____
City _____
Province _____Postal Code_____

2. Relationship_____
Last Name _____
First Name _____
Living with Student Yes
Religion _____ Occupation _____
Place of Birth _____ Citizenship _____
Home Phone (ten digits) _____
Cell (ten digits) _____
Email Address _____
Address (if not living with student)
Street # & Name_____ Unit #_____
City _____
Province _____ Postal Code_____

EMERGENCY CONTACTS (other than parents):

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/below 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, a Baptismal Certificate.
3) One parent's Canadian birth certificate or immigration.
4) Proof of residency (must be either a current BC Hydro or Fortis BC bill, or mortgage document , or rental agreement, or 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 ✓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

I am a resident of British Columbia (*please ✓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.

Confirming signatures:

Parent/Legal Guardian's name: _____

Parent/Legal Guardian's signature: _____

Date: _____

For Office Use Only:

Proof of Residency: _____ *Date:* _____

Initials