



St. Michael's School

9387 Holmes St., Burnaby, BC V3N 4C3
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Website: www.stmichaelschool.ca

APPLICATION FOR NEW STUDENTS 2020-2021

Please print clearly

THIS APPLICATION IS FOR A STUDENT ENTERING GRADE _____ IN SEPTEMBER 2020

Personal Information

Student's Name: _____ / _____ / _____ Gender: _____
Legal Surname Legal Given Name Middle Name M/F

Address: _____ City: _____

Postal Code: _____ Home Phone Number: _____

Date of Birth: ____/____/____ Citizenship: Canadian Landed Immigrant Permanent Resident
Year Month Day Other _____

Place of Birth: _____ Primary Language Spoken at Home: _____

If born outside of Canada, Date of Entry to Canada: ____/____/____
Year Month Day

Child's Religion: _____ Parish to which you belong: _____

Envelope Number: _____

Has the child received the following?

Sacrament of Baptism: Yes No Sacrament of Reconciliation: Yes No

Sacrament of Holy Communion: Yes No Sacrament of Confirmation: Yes No

Applicant's Present School: _____ Applicant's Present Grade: _____

Address of School: _____

Doctor's Name: _____ Doctor's Phone Number: _____

Dentist's Name: _____ Dentist's Phone Number: _____

Medical Information

Personal Health Care Number: _____

Medical problems or known Allergies (i.e. epilepsy, diabetes, food allergies, insect bite allergies, vision or hearing impairments, etc...)
 No Yes

*Please specify (Note: Staff cannot administer medication unless a formal request form is completed). If your child has a medical condition that requires specific instructions, you **must** fill out the appropriate paper work which is available at the school office. Only allergies which require a medical plan need to be listed here.*

Is the allergy/condition life threatening? Yes No
If yes, does the child carry an EpiPen? Yes No

