



# School

# St. Michael's

9387 Holmes St., Burnaby, BC V3N 4C3  
Telephone (604) 526-9768 Fax (604) 540-9799  
Website: [www.stmichaelschool.ca](http://www.stmichaelschool.ca)

## APPLICATION FOR NEW STUDENTS 2017-2018

*Please print clearly*

THIS APPLICATION IS FOR A STUDENT ENTERING GRADE \_\_\_\_\_ IN SEPTEMBER 2017

### 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 office.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the allergy/condition life threatening?  Yes  No

If yes, does the child carry an EpiPen?  Yes  No

Does the child have any Learning Difficulties (reading difficulties, speaking difficulties, physical challenges, autism, developmental delays, etc...)

No  Yes

Please specify \_\_\_\_\_

\_\_\_\_\_

In order to provide a safe and productive learning environment, it is imperative that pertinent information is disclosed to the school for educational planning purposes. Acceptance is contingent upon appropriate disclosure of relevant information to the school.

Disclosure of this information **WILL NOT AFFECT** your child's admission.

**Emergency Information**

Emergency Contact if child is ill or injured (in case the parent cannot be contacted)

1. \_\_\_\_\_  
Name (please print clearly) Phone Number

Relationship to child: \_\_\_\_\_ (i.e. aunt, uncle, grandparent, etc)

2. \_\_\_\_\_  
Name (please print clearly) Phone Number

Relationship to child: \_\_\_\_\_ (i.e. aunt, uncle, grandparent, etc)

**Parent/Guardian Information**

Father's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Address (if different from child) \_\_\_\_\_  
(house number, street, city, postal code)

Citizenship:  Canadian  Landed Immigrant  Other

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone # \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Address (if different from child) \_\_\_\_\_

Citizenship:  Canadian  Landed Immigrant  Other

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

*I/We have read the "Policies and Procedures – A Handbook for Parents" and agree to comply with its contents. We understand that this is only an application and does not constitute registration. We are aware that if there is space available, we will be contacted regarding acceptance.*

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Parent of Guardian**

\_\_\_\_\_  
**Date**

**INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED**