



St. Michael's School

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

WAITING LIST APPLICATION FORM

SURNAME: _____

MOTHER'S NAME: _____ FATHER'S NAME: _____

ADDRESS: _____

HOME PHONE #: _____

WORK #: Mom: _____ Dad: _____

CELL #: Mom: _____ Dad: _____

EMAIL: _____

ST. MICHAEL'S PARISHIONER

NON-PARISHIONER

NON-CATHOLIC

Name of Parish

Faith Denomination

Name of Child	Gender	Date of Birth	Applying for which grade:	Catholic Church where baptized:	Received First Communion? yes/no	Name of School presently attending:

EXTRA SERVICES REQUIRED BY YOUR CHILD/REN:

ESL

SPECIAL NEEDS (i.e. VISION, HEARING, PHYSICAL DISABILITIES)

LANGUAGE SPOKEN

AT HOME: _____

Name of Child

Explain needs

PLEASE READ CAREFULLY AND SIGN BELOW

- a.) I have been informed and understand that priority for admission to St. Michael's School is given to families who:
- i) are practicing Catholics,
 - ii) are registered in the parish,
 - iii) attend Mass regularly, and
 - iv) support the parish by using their envelopes every Sunday.
- b.) I also understand that the Waiting List Application is valid for **one year only**, unless I notify the school by the end of February prior to the beginning of a new school year. Failure to renew this application or update information may result in my application being removed from the Waiting List.
- c.) I give consent for St. Michael's School to collect personal information that may include student information, birth certificate, parents work number, academic records, and information from the school that my child/ren currently attends or has attended. *This information is required in order to assist the school in making decisions regarding interviews and acceptance of new families depending on available space.*

SIGNATURE: _____

DATE: _____