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
2016 - 2017

PLEASE PRINT CLEARLY

SURNAME: _____

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

ADDRESS: _____

HOME PHONE: _____ **WORK #**

Mother:
Father:

CELL #

Mother:
Father:

☐ **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**
LANGUAGE SPOKEN
AT HOME: _____

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

_____
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:** _____