



St. Michael's School

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

APPLICATION FOR NEW STUDENTS 2021-2022

Please print clearly

THIS APPLICATION IS FOR A STUDENT ENTERING GRADE _____ IN SEPTEMBER 2021

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

APPLICATION FEE NOT REQUIRED UNLESS STUDENT IS SHORTLISTED

Does the child have any Learning Difficulties (reading difficulties, speaking difficulties, physical challenges, autism, developmental delays, etc...) Has the child had an assessment completed? (speech language, occupational therapy, psycho-educational)

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. _____ Phone Number _____
Name (please print clearly)

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

2. _____ Phone Number _____
Name (please print clearly)

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

APPLICATION FEE NOT REQUIRED UNLESS STUDENT IS SHORTLISTED