



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 INTERNATIONAL STUDENTS 2024-2025

Please print clearly

THIS APPLICATION IS FOR A STUDENT ENTERING GRADE _____ IN SEPTEMBER 2024

Personal Information

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

Student's Usual Family Name: _____ Usual First Name: _____

Home Address: _____

City: _____ Country: _____

Canadian Address _____ City: _____

Postal Code: _____ Phone Number: _____

Place of Birth: _____ Citizenship: _____

Date of Birth:(DD/MM/YEAR) _____ Primary Language Spoken at Home: _____

If born outside of Canada, Date of Entry to Canada: (DD/MM/YEAR) _____

Applicant: Student Visa

Parents: Work Visa Study Visa Visitor Visa

Child's Religion: _____

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: _____

Grade or Level Completed: _____ Years of English Studies: _____

Canadian Guardian's Name: _____

Canadian Guardian's Home Number: _____ Cell Number: _____

Relationship to Applicant: _____

Signed affidavit for guardianship attached: Yes No

Medical Information

Personal Health Care Number: _____

(Attach proof of International Medical Insurance)

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 paperwork 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

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, however, non-disclosure of this information will result in your application being re-evaluated.

Parent/Guardian Information

Father's Name: _____ Religion: _____

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

Citizenship: _____

Occupation: _____ Employer: _____

Cell Phone #: _____ Work Phone #: _____ Email: _____

Mother's Name: _____ Religion: _____

Address (if different from child) _____

Citizenship: _____

Occupation: _____ Employer: _____

Cell Phone #: _____ Work Phone #: _____ Email: _____

To the best of my knowledge, all information on this application is correct. If admitted to St. Michael's Catholic School, I agree to abide by its policies and regulations.

Signature of Parent or Guardian

Date

Signature of Parent or Guardian

Date