

ST. BERNADETTE ELEMENTARY SCHOOL

APPLICATION FORM 2017-2018

13130 65B Avenue, Surrey, B.C. V3W 9M1

Phone: 604-596-1101 Fax: 604-596-1550 Email: admin@stbernadette.ca Website: www.stbernadetteschool.ca

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PLEASE PRINT ALL INFORMATION CLEARLY	APPLICATION FEE (non-refundable) \$150.00
Child's Legal Surname: Child's First and Middle Name(s): Street Address: Home Phone: Child's Religion: Child's Birthplace: (Province of Canada or Country) Baptism: YES NO Reconciliation: YES NO Primary language spoken at home: ENGLISH Indicate English Fluency: FLUENT GOOD	Usual Name: City: Prov: Postal Code: Child's Sex: Male Female Child's Date of Birth: YYYY/MM/DD Citizenship: Communion: YES NO Confirmation: YES NO OTHER (Please specify): POOR
FATHER'S NAME:	MOTHER'S NAME:
	ss & phone# if different from student:
Father's Citizenship: Father's Employer: Father's Work #: Father's Cell #: Father's Religion: E-mail Address:	Mother's Citizenship: Mother's Employer: Mother's Work #: Mother's Cell #: Mother's Religion: E-mail Address:
If not the parent of the child listed above, please indicate rela	ationship and include legal guardian forms:
Parish you are registered in:	Envelope #:
Parish you are registered in: Name of Last School Attended: Address: Name(s) and Birth dates of pre-school siblings:	Envelope #: Phone #:
Name of Last School Attended: Address:	•
Name of Last School Attended: Address: Name(s) and Birth dates of pre-school siblings: Have you registered at other schools?	Phone #: If yes – which schools? If referred, please state who: TIME: CHEQUE# OCUMENTS MUST BE PROVIDED
Name of Last School Attended: Address: Name(s) and Birth dates of pre-school siblings: Have you registered at other schools? How did you hear about our school? (OFFICE USE ONLY DATE RECEIVED): UPON ACCEPTANCE, COPIES OF THE FOLLOWING DOB Birth Certificate, Immunization Record, Baptismal Certificat I consent to having St. Bernadette School collect personal information, legal guardianship, court orders if applicable, pare needed for application of registration. This information is required.	Phone #: If yes – which schools? If referred, please state who: TIME: CHEQUE# OCUMENTS MUST BE PROVIDED See (if applicable), Report Card (Gr.1-7 only) formation that may include student identification information, birth ents' work numbers and e-mail address, and any similar information quired in order to apply to register your child and assist the school in d appropriate placement in the school. For more information, the privacy
Name of Last School Attended: Address: Name(s) and Birth dates of pre-school siblings: Have you registered at other schools? How did you hear about our school? (OFFICE USE ONLY DATE RECEIVED): UPON ACCEPTANCE, COPIES OF THE FOLLOWING DOB Birth Certificate, Immunization Record, Baptismal Certificat I consent to having St. Bernadette School collect personal information, legal guardianship, court orders if applicable, pare needed for application of registration. This information is requaking an informed decision as to your child's suitability and	Phone #: If yes – which schools? If referred, please state who: TIME: CHEQUE# OCUMENTS MUST BE PROVIDED See (if applicable), Report Card (Gr.1-7 only) formation that may include student identification information, birth ents' work numbers and e-mail address, and any similar information quired in order to apply to register your child and assist the school in d appropriate placement in the school. For more information, the privacy