



ST. BERNADETTE ELEMENTARY SCHOOL

APPLICATION FORM

2019-2020

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

Phone: 604-596-1101 Fax: 604-596-1550

Email: admin@stbernadette.ca Website: www.stbernadetteschool.ca

ENROLLING IN GRADE _____

PLEASE PRINT ALL INFORMATION CLEARLY

APPLICATION FEE (non-refundable) \$150.00

| | | | |
|---|------------------------|--|----------------------------------|
| Child's Legal Surname: | | Usual Name: | |
| Child's First and Middle Name(s): | | City: | Prov: Postal Code: |
| Street Address: | | Child's Sex: Male Female | |
| Home Phone: | | Child's Date of Birth: YYYY/MM/DD | |
| Child's Religion: | | Citizenship: | |
| Child's Birthplace: (Province of Canada or Country) | | Communion: YES NO | Confirmation: YES NO |
| Baptism: YES NO | Reconciliation: YES NO | <input type="checkbox"/> OTHER (Please specify): | |
| Primary language spoken at home: <input type="checkbox"/> ENGLISH | | <input type="checkbox"/> POOR | |
| Indicate English Fluency: <input type="checkbox"/> FLUENT <input type="checkbox"/> GOOD | | | |
| FATHER'S NAME: | | MOTHER'S NAME: | |
| Address & phone# if different from student: | | Address & phone# if different from student: | |
| Father's Citizenship: | | Mother's Citizenship: | |
| Father's Employer: | | Mother's Employer: | |
| Father's Work #: | | Mother's Work #: | |
| Father's Cell #: | | Mother's Cell #: | |
| Father's Religion: | | Mother's Religion: | |
| E-mail Address: | | E-mail Address: | |
| If not the parent of the child listed above, please indicate relationship and include legal guardian forms: | | | |
| Parish you are registered in: | | Envelope #: | |
| Name of Last School Attended: | | | |
| Address: | | Phone #: | |
| Name(s) and Birth dates of pre-school siblings: | | | |
| Have you registered at other schools? | | If yes – which schools? | |
| How did you hear about our school? | | If referred, please state who: | |
| (OFFICE USE ONLY-- DATE RECEIVED): | | TIME: | CHEQUE# <input type="checkbox"/> |
| CASH | | | |
| UPON ACCEPTANCE, COPIES OF THE FOLLOWING DOCUMENTS <u>MUST</u> BE PROVIDED | | | |
| Birth Certificate, Immunization Record, Baptismal Certificate (if applicable), Report Card (Gr.1-7 only) | | | |

I consent to having St. Bernadette School collect personal information that may include student identification information, birth certificate, legal guardianship, court orders if applicable, parents' work numbers and e-mail address, and any similar information needed for application of registration. This information is required in order to apply to register your child and assist the school in making an informed decision as to your child's suitability and appropriate placement in the school. For more information, the privacy manager for St. Bernadette School is Mr. van der Pauw and may be reached at (604) 596-1101.

Signature _____ Date _____