



**St. Edmund's
ELEMENTARY SCHOOL**

535 Mahon Ave, North Vancouver, British Columbia V7M 2R7
Tel (604) 988-7364 • Fax: (604) 988-7350

Grade: [] **REGISTRATION 2012-2013** (Office use only Code: _____)

Name of Child (Surname) _____ (Given names) _____

Address: _____ City: _____ Postal Code: _____

Home Phone #: _____ Family e-mail: _____ I check my e-mail regularly: Yes { } / No { }

Birth Date of child entering: Month _____ \ Day _____ \ Year _____ Male [] Female []

Place of Birth: _____ Language spoken in the home: _____

Father's name: _____ Bus. Ph: _____ Occupation: _____

Mother's name: _____ Bus. Ph: _____ Occupation: _____

Mother's Religion: _____ Father's Religion: _____

Child's Religion: _____ Place of Baptism: _____

Place of First Communion: _____ Place of Confirmation: _____

Parish Attending: _____ Envelope # _____

Name & Address of previous school: _____ Ph. #: _____

Doctor: _____ Ph. #: _____ Dentist: _____ Ph. #: _____

Emergency Contact (a): _____ Relationship: _____ Ph. #: _____

Emergency Contact (b): _____ Relationship: _____ Ph. #: _____

Medical Problems/Allergies: _____

B.C. Care Card Number: _____

LEGAL RESIDENCY OF PARENT: To be completed and signed by a parent or legal (court appointed) guardian.

I am (please X one):

[] A Canadian citizen (if not born in Canada, please attach a photocopy of citizenship paper, card).

[] Permanent Residence.

[] Employment authorization (work permit) for one or more years.

[] A person carrying out official duties as a diplomatic or consular official (with a foreign representative acceptance counterfoil in his/her passport).

I am a resident of British Columbia (please X one): [] YES or [] NO - Residency Address is:

Confirming signature: Parent/ Legal Guardian's name: _____ Signature: _____

Dated: _____

PLEASE NOTE THAT MORE INFORMATION IS NEEDED THAN WHAT IS ASKED FOR ON THIS FORM. FOR A FULL REGISTRATION PACKAGE PLEASE CONTACT THE SCHOOL.