



NEW STUDENT APPLICATION
ENROLLING IN GRADE ___ for School Year: 20__ to 20__

PLEASE PRINT ALL INFORMATION CLEARLY

APPLICATION FEE: \$125.00/child –Payable to Sacred Heart School (This fee is non-refundable)

Child's Legal Name:	First:	Middle:	Surname:
Child's Usual Name:			
Street Address:	City:	Prov:	Postal Code:
Home Phone:	Child's Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Child's Religion:	Child's Date of Birth: (YYYY/MM/DD)		
Baptism: YES <input type="checkbox"/> NO <input type="checkbox"/> Reconciliation: YES <input type="checkbox"/> NO <input type="checkbox"/> 1 st Communion: YES <input type="checkbox"/> NO <input type="checkbox"/> Confirmation: YES <input type="checkbox"/> NO <input type="checkbox"/>			
Primary language spoken at home: ENGLISH <input type="checkbox"/> OTHER <input type="checkbox"/> (Please specify):			
Indicate English Fluency: FLUENT <input type="checkbox"/> GOOD <input type="checkbox"/> POOR <input type="checkbox"/>			
FATHER'S NAME:		MOTHER'S NAME:	
<i>Address & home phone # if different from student:</i>		<i>Address & home phone # if different from student:</i>	
Father: Legal Residency:	Canadian Citizen <input type="checkbox"/>	Permanent Resident <input type="checkbox"/>	Landed Immigrant <input type="checkbox"/> Other:
Mother: Legal Residency:	Canadian Citizen <input type="checkbox"/>	Permanent Resident <input type="checkbox"/>	Landed Immigrant <input type="checkbox"/> Other:

Father's Employer:	Mother's Employer:
Father's Work Phone #:	Mother's Work Phone #:
Father's Cell #:	Mother's Cell #:
Father's Religion:	Mother's Religion:
Father's Email Address:	Mother's Email Address:
If not the parent of the child listed above, please indicate relationship and include legal guardian forms:	
Parish you are registered in:	Envelope #:



SACRED HEART SCHOOL

A Catholic Community of Faith and Learning in Delta, B.C.

Name of Last School Attended:			
Address:		Phone #:	
Name(s) and Birthdates of pre-school siblings:			
Have you registered at another school? YES <input type="checkbox"/> No <input type="checkbox"/> If yes, which schools?			
(OFFICE USE ONLY – DATE RECEIVED:		TIME:	CHEQUE #:
APPLICATION FEE PAID: <input type="checkbox"/>			

I consent to having Sacred Heart School collect personal information that may include student identification information, birth certificate, legal guardianship, court orders if applicable, parents' address/phone numbers/email address and any similar information needed for application or registration. This information is required in order to apply to register your child at this school 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 Sacred Heart School is Mr. Kozack and may be reached at (604) 946-2611.

Signature _____ Date: _____



STUDENT PROFILE/MEDICAL INFORMATION

***In order to provide a safe and productive learning environment, it is imperative that all medical information affecting education be disclosed to the school at the time of application or re-application. Admission is contingent upon appropriate disclosure of relevant information and may be revoked if such information is withheld. Disclosure of information WILL NOT AFFECT your child’s admission status, but rather allows Sacred Heart School to plan for the coming year.**

Name of Previous School(s)	Address, City, Postal Code, Phone Number, Fax Number	Year	Grade

Has the student ever repeated a grade or been retained? Yes No If yes, state at which grade level and explain reasons:

How many days of school did the student miss last year? Explain:

Has the student ever been suspended or expelled? Yes No If yes, state at which grade level and explain reasons:

Has the student ever received any learning assistance, special education instruction, counselling or been referred to a public health program or service? Yes No If yes, please explain:

Has your child ever been assessed or experienced LEARNING/EMOTIONAL/INTELLECTUAL/PHYSICAL/SOCIAL DIFFICULTIES (reading difficulties, speaking difficulties, physical challenges, developmental delays, attention or social issues, aggression, etc.) Have reports or documents been written (please attach a copy) Yes No
Please specify:

Describe your child’s personality : shy nervous outgoing strong-willed cooperative confident social
Other:

MEDICAL PROBLEMS OR KNOWN ALLERGIES (i.e. epilepsy, diabetes, food allergies, insect bite allergies, vision or hearing impairments, heart condition, etc.) Yes No
Medical Condition:

Is this allergy or condition life-threatening? Yes No

Does your child: Have an EPI-PEN Yes No Wear a Medic Alert Bracelet Yes No Use asthma medication Yes No
Other (please specify):

Does your child manage their condition independently (carry/administer their own medication)? Yes No

Kind of medication and dosage which must be stored at school:
(Note: Staff cannot administer medication unless a formal request form is completed. If your child has a medical condition that requires specific instructions, procedures or medications, you [and your physician] must fill out the appropriate form from the office.) Emergency Instructions:



Include any other medical information/documentation for educational planning (speech, hearing, birth complications, heart, vision, development, etc).
Has your child been referred to any specialists (allergist, eye doctor, hearing, pediatrician, etc.)?
Has your child ever had any medical testing? Yes <input type="checkbox"/> No <input type="checkbox"/> Dates of testing (if applicable): Medical report provided to the school? Yes <input type="checkbox"/> No <input type="checkbox"/> Diagnoses/Recommendations:
Is there anything else you would like us to know about your child?

I understand that my signature indicates that all information documented is truthful and complete.

Parent/Guardian Signature: _____ **Date:** _____

***If your child has attended another school previously, please provide us with two years of report cards.**

***Please attach copies of the following Student documents with this application form;**

- Legal proof of student age: Birth Certificate **or** Passport
- Baptismal Certificate if applicable

***If you do not have another child in attendance at Sacred Heart School, please also include the following Guardian documentation*;**

- Legal proof of Canadian Citizenship for one Guardian: Birth Certificate **or** Passport
- ID for the second Guardian who has not provided legal Citizenship documents

**If you currently have students in the school we already have this information on file*