

Date of Application: \_\_\_\_\_

Enrolling Grade: \_\_\_\_\_ Fr [ ] E [ ] Gender: M [ ] F [ ] Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(y) (m) (d)

Student's Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(legal last name) (legal first name) (legal middle name)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Parent Cell: \_\_\_\_\_ / \_\_\_\_\_  
(mother) (father)

E-mail address (Mother): \_\_\_\_\_ E-mail address (Father): \_\_\_\_\_

Child's country of birth: Canada [ ] Province: \_\_\_\_\_ Other Country (specify): \_\_\_\_\_

Child's religion: Catholic [ ] Non-Catholic: [ ] Baptized Roman Catholic: Y [ ] N [ ] 1<sup>st</sup> Communion: Y [ ] N [ ]

Last School Attended: \_\_\_\_\_ Email : \_\_\_\_\_ Phone : \_\_\_\_\_

Siblings at Our Lady of Fatima School: Y [ ] N [ ] If any, which grades: \_\_\_\_\_

**Primary** language spoken at home: English [ ] French [ ] Other (specify): \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Carecard #: \_\_\_\_\_

Allergies: \_\_\_\_\_ Medical Alert Condition: \_\_\_\_\_

Special Needs: \_\_\_\_\_

Has your child been referred to, or seen by:

Speech and language pathologist Occupational therapist  
Psychologist Neurologist

(Grade 1-7): Has your child received or is he/she receiving learning assistance? Y [ ] N [ ]

Mother's Name: \_\_\_\_\_ Citizenship: \_\_\_\_\_ Religion: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Citizenship: \_\_\_\_\_ Religion: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Emergency contact persons (other than parents):

1) Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
(Primary Contact)

2) Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Next of Kin: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name of Out of Province Contact: \_\_\_\_\_ Province/Country: \_\_\_\_\_ Phone: \_\_\_\_\_

Parish your family is **now registered**: \_\_\_\_\_ Our Lady Of Fatima Parishioner Envelope #: \_\_\_\_\_

**I agree to pay tuition and to abide by the terms of the school's parent participation policy and all other school policies established by Our Lady of Fatima Education Committee and the Catholic Independent Schools of Vancouver Archdiocese.**

**Parent Signature:** \_\_\_\_\_