Our Lady of Fatima School
315 Walker Street, Coquitlam, BC V3K 4C7
Ph: 604-936-4228
E-mail: info@fatimaschool.ca

Application Form

PLEASE PRINT

APPLICATION FEE: $100.00 _____ (non-refundable) 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[ ] 1st 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 person (other than parents):

Name:_____ Phone:_____ Cell:_____
(Primary Contact)

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:_____