

ST. HELEN'S SCHOOL
3894 Triumph Street
Burnaby, B.C.
V5C 1Y7

APPLICATION FORM 2019/2020

Legal Family Name: _____ Child's Legal Name: _____
Male [] Female [] Legal Middle Names: _____
Address: _____ Date of Birth: _____
City: _____ Place of Birth: _____
Postal Code: _____ Citizenship: _____
Home Phone #: _____ Present School: _____
Grade in 2019/ 2020 _____ Care Card: _____

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Father's Name: _____ Mother's Name: _____
Occupation: _____ Occupation: _____
Email Address: _____ Email Address: _____
Work Number: _____ Work Number: _____
Cell: _____ Cell: _____
Citizenship: _____ Citizenship: _____

Parishioner of St. Helen's: _____ Sunday Envelope #: _____
Other Parish (Please specify) _____
Catholic: _____ Non Catholic: _____ Catholic: _____ Non Catholic: _____
Pastor's Signature: _____ Tuition Category _____

THIS APPLICATION MUST BE RETURNED TO THE SCHOOL OFFICE WITH THE ORIGINAL BIRTH AND BAPTISM CERTIFICATES AT YOUR EARLIEST CONVENIENCE. THIS APPLICATION WILL BE KEPT ON FILE UNTIL DECEMBER 31ST, 2018 AFTER WHICH TIME THOSE FAMILIES WHO STILL WISH TO BE ON THE WAITING LIST WILL BE EXPECTED TO RENEW THEIR APPLICATION FORM.

I UNDERSTAND THIS IS ONLY AN APPLICATION AND DOES NOT CONSTITUTE REGISTRATION. I AM AWARE THAT IF THERE IS AVAILABLE SPACE, I WILL BE CONTACTED REGARDING REGISTRATION.

(Signature)

(Date)

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FOR OFFICE USE ONLY: BIRTH CERT. _____ BAPTISM CERT. _____ 1ST COMMUNION. _____

SIBLINGS: NAME: _____ GR. _____ D/O/B _____

NAME: _____ GR. _____ D/O/B _____

(Date Received)