

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

APPLICATION FORM 2020/2021

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 2020/ 2021 _____ 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) _____

(Father) Catholic: _____ Non Catholic: _____ (Mother) Catholic: _____ Non Catholic: _____

Pastor's Signature: _____ Tuition Category _____

THIS APPLICATION MUST BE RETURNED TO THE SCHOOL OFFICE WITH THE **ORIGINAL BIRTH, BAPTISM AND 1ST COMMUNION CERTIFICATES AT YOUR EARLIEST CONVENIENCE**. THIS APPLICATION WILL BE KEPT ON FILE UNTIL DECEMBER 31ST 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.

***BOTH PARENTS MUST SIGN APPLICATION FORM.**

(Father's Signature)

(Mother's 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)