



HOLY CROSS ELEMENTARY SCHOOL

1450 Delta Avenue, Burnaby, BC V5B 3G2
Telephone: 604-299-3530 Fax: 604-299-3534 Email: hcoffice@telus.net

APPLICATION FORM

PLEASE PRINT CLEARLY

APPLICATION TO GRADE _____ SURNAME: _____

Name of Mother: _____ Name of Father: _____ Marital Status: _____

Address: _____ City: _____ Postal Code: _____

Home Phone #: _____ Cell # Mother: _____ Cell # Father: _____

Primary Email: _____ Mother's Religion: _____ Father's Religion: _____

Holy Cross Parish _____ Member of Other Parish _____ Non-Catholic
Envelope # _____ Name of Parish _____

STUDENT INFORMATION				
Name: Surname, First Name	Gender (M/F)	Date of Birth M/D/Y	City & Country of Birth	Citizenship
Child's Religion:			Attach copy of Baptismal Certificate, if applicable.	
Name of Present School or Pre-School:			Attach copy of the most recent Report Card or Individual Education Plan (IEP), if applicable.	

CHECK ALL BOXES BELOW THAT PERTAIN TO YOUR CHILD OR MARK N/A IF NOT APPLICABLE.

LEARNING NEEDS

Please specify (i.e. vision, hearing, physical disabilities, autism, etc.)

ENGLISH AS A SECOND LANGUAGE

Primary language(s) spoken at home

MEDICAL NEEDS OR ALLERGIES

Please specify (i.e. asthma, diabetes, anaphylaxis, bee stings, etc.)

YOUNGER SIBLING(S)

Please include first name(s) & birth year(s) if any

PLEASE READ AND SIGN BELOW

I give consent to Holy Cross Elementary School to collect personal information that may include student identification information, birth and baptismal certificates, parent email and phone numbers, academic records, and information from the school and/or parish that my child and/or family attends or has attended. This information is required in order to assist the school in making decisions regarding interviews and acceptance of new families depending on available space.

MOTHER'S SIGNATURE: _____ FATHER'S SIGNATURE: _____ DATE: _____

Office Use: \$25 Application Fee Birth Certificate Baptismal Certificate Report Card (Gr. 1-7) Date Rec'd: _____