



# 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: \_\_\_\_\_