



ST. JUDE SCHOOL

2953 East 15th Ave, Vancouver, BC | V5M 2K7

•Phone: 604-434-1633

•Email: registrar@stjude.ca

•Website: www.stjude.ca

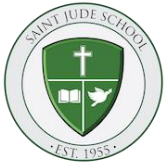
APPLICATION FORM

OFFICE USE

- \$75.00 non-refundable application fee. Please mail a cheque to the school with your child's name on the memo line.
- Application Form
 - Photocopy of Student's birth certificate
 - Proof of Status in Canada if student is not Canadian
 - Photocopy of Baptismal Certificate (if student is Catholic)
 - Photocopy of Report cards, and if applicable, an Individual Education Plan (IEP) or a Case Management Plan (CMP) from their previous school or pre-school
- Parental Information Form
- Legal Residency of Parent - Form A, along with
 - Proof of Status in Canada of **one parent** (Canadian passport, birth certificate or permanent resident card)
 - Legal Guardianship documents if applicable (photocopy of proof of court-appointed guardianship must be provided)
 - Photocopy of BC residency document (e.g. Telus, BC Hydro, Fortis, etc. bill)

Please return the completed package within 5 business days.

At this time, we ask that you scan and email your documents in.
Should this not be possible, please call the office to arrange a drop off time.



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APPLICATION FORM

Student's Legal Last Name, First Name, Middle Name:		Preferred Name	
Full Address:		Gender	Applying for Gr
Date of Birth: (include copy of birth cert)	Place of Birth: (City, Province)	Student's Citizenship:	
Primary Language spoken at home:	Student's Religion:	Family's Home Parish:	
Applicant's Present School/Preschool: (Name, Address & Telephone No.)			
Has your child received the following Sacraments: (Include copy of Baptismal certificate) <input type="checkbox"/> Baptism <input type="checkbox"/> First Communion (if your child is applying for Grades 3-7)			
<i>In order to provide a safe and productive learning environment, it is imperative that all medical information affecting education be disclosed to the school at the time of application or re-application. Admission is contingent upon appropriate disclosure of relevant information and may be revoked if such information is withheld. Disclosure of information WILL NOT AFFECT your child's admission status, but rather allows St. Jude to plan for the coming year.</i>			
Has your child ever received any learning assistance, special education instruction, counseling or been referred to a public health program or service? <input type="checkbox"/> No <input type="checkbox"/> Yes – If yes please explain.			
Has your child ever been assessed or experienced LEARNING/ EMOTIONAL/ INTELLECTUAL/ PHYSICAL/ SOCIAL DIFFICULTIES (reading difficulties, speaking difficulties, physical challenges, developmental delays, attention or social issues, aggression, etc.) Have reports or documents been written? Please attach a copy <input type="checkbox"/> No <input type="checkbox"/> Yes – If yes please explain.			
Does your child have an Individual Education Plan (IEP) or a Case Management Plan (CMP) from their previous school or pre-school? <input type="checkbox"/> No <input type="checkbox"/> Yes – Please attach current and relevant supporting documents.			
Is your child currently in an ESL/ELL Program in a school in BC/Canada? <input type="checkbox"/> No <input type="checkbox"/> Yes – Please indicate number of years in this program:			
MEDICAL PROBLEMS OR KNOWN ALLERGIES (i.e. epilepsy, diabetes, food allergies, insect bite allergies, vision or hearing impairments, heart condition, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes – If yes please explain. If anaphylaxis, an EpiPen is mandatory. EpiPen required? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Anticipated future sibling's need for kindergarten: <input type="checkbox"/> No <input type="checkbox"/> Yes			
Younger Sibling's Name	Birthdate	Younger Sibling's Name	Birthdate



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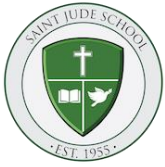
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PARENTAL INFORMATION (ALL INFORMATION MUST BE COMPLETED)

	FATHER		MOTHER	
Legal Name: <i>as listed on Government ID</i>				
Citizenship:				
Address: <i>(If different from student's):</i>				
Child lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Joint Custody. Please provide custody arrangement documentation.				
Email:				
Phone Numbers	Cell	Work	Cell	Work
Employer:				
Occupation:				
Religion:				
SIGNATURE BOTH parents of the Applicant have jointly agreed to submit this application for consideration. The Applicant's Parents/Guardians affirm that they have answered all questions fully and truthfully. The Administration of St. Jude reserves the right to cease processing of the application for non-disclosure of Information. I have been informed and understand that priority for admission to St. Jude School is given to families who: i) are practicing Catholics ii) are registered in the parish. I give consent for St. Jude School to collect personal information that may include student identification information, birth certificate, parents work number, academic records, and information from the school and/or parish that my child and/or family attends or has attended.				
Signatures:				
Date of Application:				

FOR OFFICE USE ONLY

<input type="checkbox"/> \$75 non-refundable application fee	Received by:
Date:	



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LEGAL RESIDENCY OF PARENT – FORM A

To be completed and signed by a parent or legal (court-appointed) guardian.

(If legal guardian, attach copy of court order appointing you as legal guardian.)

1. I am (please one):

- A Canadian citizen born in Canada (please attach copy of Birth Certificate)
- A Canadian citizen not born in Canada (please attach photocopy of Canadian Citizenship or Permanent Resident Card)
- A landed immigrant (attach photocopy of landed immigrant status paper).
- Lawfully admitted to Canada under one of the following documents (please mark the appropriate box below and attach photocopy of document):
 - Admission as a refugee claimant
 - A person claiming refugee status who has a letter of no objection
 - Student authorization (student visa) for two or more years (or issued for one year but anticipated to be renewed for one or more additional years)
 - Employment authorization (working permit) for two or more years (or issued for one year but anticipated to be renewed for one or more additional years).
 - A person carrying out official duties as a diplomatic or consular official (with foreign representative acceptance counter foil in his/her passport).

Other: Document description _____

(Must be cleared with Immigration Canada)

2. I am a resident of British Columbia (please one):

Yes: Residency Address: _____

Please supply a copy of a document that proves residency (e.g. utility bill that shows your name and address)

No, I am not a resident of British Columbia.

3. Parent's/Legal Guardian's Name _____

Parent's/Legal Guardian's Signature _____

Date _____