

ST. PIUS X ELEMENTARY SCHOOL

1150 Mount Seymour Road, North Vancouver, B.C. V7G 1R6
Ph. (604) 929-0345 Fax (604) 929-5051



Preliminary Application Form

Date Received _____

Please PRINT as shown on Birth Certificate

Legal Last Name of Child _____

Legal First Name of Child _____

Middle Name _____

Birth Date: ____/____/____
Month Day Year

Gender: Male _____

Female _____

Grade: _____
(in September 2020)

Place of Birth of Child: (City & Country) _____

Citizenship/Immigration Status: Child _____ Father _____ Mother _____

Father's Full Name: _____

Mother's Full Name: _____

Address _____ Postal Code _____

Email Address _____

Contact Phone # _____ Last School Attended _____

Religion: Child _____ Father _____ Mother _____

Has your child received the following sacraments? **Please circle Yes or No**

Baptism Yes/No Reconciliation Yes/No Holy Communion Yes/No Confirmation Yes/No

Name of Church attending _____ If Saint Pius X, Envelope # _____

Any other siblings applying? Yes/No Grade: _____ Grade: _____
(in September 2020)

Any Medical or Special learning concerns, please list any designations _____