



St. Pius X Elementary School

1150 Mt. Seymour Road, North Vancouver, BC V7G 1R6
Phone: 604-929-0345 Email: office@saintpius.ca
Website: www.saintpius.ca

Preliminary Application Form

*Please PRINT as shown on Birth Certificate

Legal Last Name of Child _____

Legal First Name of Child _____

Middle Name _____

Birth Date: ____/____/____. Gender: Male Female Grade: ____ (applying for)
Month Day Year

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: _____

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

