

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

Legal Last Name of Child			
Legal First Name of Child	Middle Name:	Middle Name:	
*Please PRINT as shown on Birth Certificate			
Birth Date:/ Gender: Male	e □ Female □		
Month Day Year			
*Grade: School Year:			
Citizenship/Immigration Status: Child	FatherMothe	er	
Father's Full Name:			
Mother's Full Name:			
Address			
Email Address			
Contact Phone #Last	t School Attended		
Religion: ChildFather	Mother		
*Has your child received the following sacrame	ents? 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, Envel	If Saint Pius X, Envelope #	
Any other siblings applying? Yes/No Grad	de: Grade:		
*Any Medical or Special learning concerns, ple	ease list any designations:		
For Office Use Only: Interview Date:			
Accentance: Yes \(\Precedef \) No \(\Precedef \)	 Waitlist □		