



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 \$25 Fee

Part A:

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: **Applying for grade:** _____ **School 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 # _____

*Religion: Child _____ Father _____ Mother _____

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

***Baptism** Yes/No (include certificate) **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: _____ (Year _____)

Part B:

1. Schools attended (list the last 2 schools, starting with the most recent. Kindergarten registration, please include daycare & preschool.

Grade (s)	Dates Attended: To (mm/yy)	To: (mm/yy)	Name of Teacher (s)	Reason for Leaving

2. Has your child ever received EAL (English as an Additional Language)/ELL (English Language Learner) assistance?
 - No
 - Yes *If yes, what grade and for how long? _____

3. Has your child ever been recommended for, or received support/Inclusive Education (Special Education) services?
 - No
 - Yes *If yes, what type? _____

4. Does your child have any accessibility needs or physical limitations that affect his/her learning or mobility?
 - No
 - Yes *If yes, please describe. _____

Please provide any additional information that could assist us in knowing your child.

Please indicate if any of the following professional assessments have been completed and attach copies of the reports:

- Psycho-Educational Assessment
- Occupational Therapy Assessment
- Speech Language Pathologist Assessment
- Physiotherapist Assessment
- Other: Please describe: _____

Please describe the support services your child receives in his/her current setting:

- | | | |
|---|-----------------------------|------------------------------|
| Education Assistance Support | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Occupational Therapy | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Physiotherapy | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Speech-Language Therapy | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Behaviour Consultant | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Teacher of the Deaf and Hard of Hearing | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Teacher of the Visually Impaired | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

Other: Please describe: _____

****By signing this form, I declare that I have read and understand the information contained within it, and the information I have provided is correct and accurate. In addition, I give the administration of St. Pius X School permission to contact all former schools that my child has attended. I acknowledge that failure to fully disclose information may result in the cancellation or delay of my child's registration.*

Parent/Guardian's Name: _____ Signature: _____

Parent/Guardian's Name: _____ Signature: _____

Date: _____

*This will remain for **one** school year on file, if you wish to re-apply, please submit a new application.*

Stamp Date Received in the Office: _____

\$25 Application Fee (Cheque or Cash) Baptismal Certificate Latest Report Cards Included