

ST. HELEN'S SCHOOL
3871 Pandora Street
Burnaby BC, V5C 2A6
APPLICATION FORM 2024/25

Legal Family Name: _____ Child's Legal Name: _____
Male [] Female [] Legal Middle Names: _____
Address: _____ Date of Birth: _____
City: _____ Place of Birth: _____
Postal Code: _____ Citizenship: _____
Home Phone #: _____ Present School: _____

Are there any social/emotional, behaviour concerns or learning support needed? YES _____ NO _____

Grade in 2024/2025 _____ Care Card/Private Medical Insurance: _____

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Mother's Name: _____ Father's Name: _____
Occupation: _____ Occupation: _____
Email Address: _____ Email Address: _____
Work Number: _____ Work Number: _____
Cell#: _____ Cell#: _____
Citizenship: _____ Citizenship: _____

*If the Parent is a Permanent Resident or has a Work/Study Permit, please send a copy along with a copy of your child's birth and baptism/communion certificates.

Parishioner of St. Helen's: _____ Sunday Envelope #: _____
Other Parish (Please specify) _____
(Father) Catholic: ____ Non Catholic: ____ (Mother) Catholic: ____ Non Catholic: ____
Pastor's Signature: _____ Tuition Category _____

****THIS APPLICATION MUST BE RETURNED TO THE SCHOOL OFFICE WITH THE ORIGINAL COPY OF BIRTH, BAPTISM, AND 1ST COMMUNION CERTIFICATES AT YOUR EARLIEST CONVENIENCE. THIS APPLICATION WILL BE KEPT ON FILE UNTIL THE END OF THE YEAR AFTER WHICH TIME THOSE FAMILIES WHO STILL WISH TO BE ON THE WAITING LIST WILL BE EXPECTED TO RENEW THEIR APPLICATION FORM. I UNDERSTAND THIS IS ONLY AN APPLICATION AND DOES NOT CONSTITUTE REGISTRATION. I AM AWARE THAT IF THERE IS AVAILABLE SPACE, I WILL BE CONTACTED REGARDING REGISTRATION. *BOTH PARENTS MUST SIGN THE APPLICATION FORM.**

(Father's Signature) (Mother's Signature) (Date)

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SIBLINGS: NAME: _____ D/O/B _____
NAME: _____ D/O/B _____

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FOR OFFICE USE ONLY: BIRTH CERT. _____ BAPTISM CERT. _____ 1ST COMMUNION. _____

(Date Received)