



QUEEN OF ALL SAINTS SCHOOL

1405 Como Lake Avenue, Coquitlam, B.C. V3J 3P4 Phone: 604-931-9071 Fax: 604-931-9089
Website: www.queenofallsaintsschool.ca Email: queenofallsaintsschool@shawcable.com

APPLICATION FORM

PLEASE PRINT CLEARLY

APP.# _____ (OFFICE USE ONLY)

SURNAME: _____ HOME PHONE: _____

NAME OF MOTHER: _____ FATHER: _____ MARITAL STATUS: _____

COMPLETE ADDRESS: _____

CELL#:	Mother: _____	WORK #	Mother: _____	EMPLOYER:	Mother: _____
	Father: _____		Father: _____		Father: _____

EMAIL (print clearly: _____)

ALL SAINTS PARISH ENVELOPE# _____
 OTHER PARISH: _____ ENVELOPE # _____
 NOT CATHOLIC

What Faith Denomination? _____

Name of Child	Gender (M/F)	Birth date	Applying For:		Name of Catholic Church Baptized In	Yes /No	Yes /No	Name of School presently attending
			Grade	School Year		Received 1st Communion	Baptized in Other Church	

EXTRA SERVICES REQUIRED BY YOUR CHILD/REN:

ESL LANGUAGE SPOKEN AT HOME: _____
 SPECIAL NEEDS (i.e. VISION, HEARING, PHYSICAL DISABILITIES)

NAME OF CHILD _____

EXPLAIN NEEDS _____

PLEASE READ CAREFULLY AND SIGN BELOW

- a.) I have been informed and understand that priority for admission to Queen of All Saints School is given to families who:
- i) are practicing Catholics,
 - ii) are registered in the parish,
 - iii) attend Sunday Mass regularly, and
 - iv) support the parish by using their envelopes every Sunday.
- b.) I also understand that the Waiting List Application is valid for one year only, unless I notify the school by the end of February prior to the beginning of a new school year. Failure to renew this application or update information may result in my application being removed from the Waiting List.
- c.) I give consent for Queen of All Saints School to collect personal information that may include student identification information, birth certificate, parents work number, academic records, and information from the school and/or parish that my child and/or family attends or has attended. *This information is required in order to assist the school in making decisions regarding interviews and acceptance of new families depending on available space.*

SIGNATURE: _____

DATE: _____