

# NEW FAMILIES

## CORPUS CHRISTI SCHOOL

2026-2027

2360 Waverley Ave. Van. B.C.

Email: office@cchristi.ca

604-321-1117

### APPLICATION FOR REGISTRATION 2026-2027

Entering Grade \_\_\_\_\_ in September, 2026

FAMILY NAME \_\_\_\_\_

Email address: \_\_\_\_\_

#### PLEASE PRINT ALL INFORMATION CLEARLY

Child's Legal Surname:					
Child's First Name:			Middle Name(s):		
Usual Names: (if different from above)					
Street Address:			City:		
Postal Code:		Home Phone #:			
Child's Date of Birth: Month:					
Child's Sex:		Male		Female	
Child's Birthplace: (Province of Canada or Country)					
Child's Religion:					
Baptism:		Yes		No	
Reconciliation:		Yes		No	
Communion		Yes		No	
Confirmation:		Yes		No	
Primary language spoken at Home:			English		OR Other: (please state)
Indicate English Fluency:			Fluent		Good
			Poor		
Father's Surname:			Mother's Maiden Name:		
Father's First Name:			Mother's First Name:		
If Father's/ Mother's phone # different from above, please provide:					
Father's Citizenship:			Mother's Citizenship:		
Father's Occupation:			Mother's Occupation:		
Father's Work Number:			Mother's Work Number:		
Father's Cell Phone:			Mother's Cell Phone:		
Father's Religion:			Mother's Religion:		
Parish you are registered in:			Envelope #		
If not parent, please indicate relationship & include legal guardian forms:					
Emergency Contact:			Phone Number:		
2 <sup>nd</sup> Emergency Contact:			Phone Number:		
Doctor's Name:			Doctor's Number:		
Dentist's Name:			Dentist's Number:		
Child's Personal Health #:					
Additional Information Required:			<b>Please read and complete attached form.</b>		
Last School Attended:					
Address:			Phone Number:		
<b>COPIES OF THE FOLLOWING DOCUMENTS MUST BE PROVIDED WHEN RETURNING APPLICATION:</b>					
BIRTH CERTIFICATE		BAPTISMAL CERTIFICATE		REPORT CARD _____	
PROOF OF LEGAL RESIDENCY OF PARENT OR LEGAL GUARDIAN _____					
(i.e. citizenship, landed immigrant papers or work visa etc.) LEGAL GUARDIAN FORM (if applicable) _____					

**THIS INFORMATION IS FOR THE SOLE USE OF CORPUS CHRISTI SCHOOL AND THE MINISTRY OF EDUCATION. IT WILL NOT BE RELEASED TO OTHER PARTIES WITHOUT PRIOR WRITTEN CONSENT.**

**IMPORTANT AND HELPFUL INFORMATION**

FAMILY NAME: \_\_\_\_\_

1. HEALTH CONDITIONS?  YES  NO

Does your child have any potential, life-threatening medical conditions? Please check one or more of the following:

Allergies (Anaphylaxis/Severe Allergic Reaction to \_\_\_\_\_)

Does the child carry an EPI PEN?  YES  NO

- Anxiety/Depression
- Asthma
- Diabetes
- Epilepsy/Seizure
- Heart Condition
- Other potential, life-threatening medical conditions, please specify:

\_\_\_\_\_

2. SPECIAL NEEDS?  YES  NO

Does your child have any special needs? Please check one or more of the following:

- Visual Impairments
- Deaf or Hard of Hearing
- Deaf/Blind
- Autism Spectrum Disorder
- Intellectual Disability
- Learning Disability
- Behavioral Needs
- Physically Dependent
- Physical Disabilities/Chronic Health Impairment s
- Gifted
- Speech Impediment
- Other

Please Specify:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. COPING SKILLS :

- YES  NO Follows routines and expectations
- YES  NO Manages transitions and changes in routine
- YES  NO Tolerates frustration appropriately
- YES  NO Consistently separates easily from parents or caregivers
- YES  NO Uses the toilet independently
- YES  NO Demonstrates age-appropriate dressing and eating skills

In order to provide a safe and productive learning environment, it is imperative that pertinent information is disclosed to the school for educational planning purposes. Acceptance is contingent upon appropriate disclosure of relevant information to the school. Disclosure of this information WILL NOT AFFECT your child's admission. **All information provided will be kept confidential.**