

WAIT LIST

CORPUS CHRISTI SCHOOL

2026-2027

2360 Waverley Ave. Van. B.C.

Email: office@cchristi.ca

604-321-1117

WAITLIST 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:	Day:	Year:
Child's Sex: CIRCLE: Male	Female	
Child's Birthplace: (Province of Canada or Country)		
Child's Religion:		
Baptism: CIRCLE: Yes No	Reconciliation: CIRCLE: Yes No	
Communion: CIRCLE Yes No	Confirmation: CIRCLE 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 nd Emergency Contact:	Phone Number:	
Doctor's Name:	Doctor's Number:	
Dentist's Name:	Dentist's Number:	
Child's Personal Health #:		
Additional Information Required:	Please read and complete attached form.	
Last School Attended:		
Address:	Phone Number:	
COPIES OF THE FOLLOWING DOCUMENTS MUST BE PROVIDED WHEN RETURNING APPLICATION: 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 and EpiPen? YES NO

Anxiety/Depression

Asthma

Diabetes

Epilepsy/Seizure

Heart Condition

Other potential, life-threatening medical condition, 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 Impairments

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.**