

Corpus Christi Elementary School

Submitting your Application for Registration

- 1) Please read through the Application Form
- 2) Fully complete the Application
- 3) Attach all required paperwork as follows:
 - A) Completed Form
 - B) Birth Certificate of Child
 - C) Baptism Certificate of Child (If Catholic)
 - D) Proof of Status in Canada of one parent, i.e. Citizenship or Birth Certificate
 - E) \$30.00 Non-Refundable fee for Kindergarten Application: Cash or Cheque. Payable to Corpus Christi School

(We recommend you return your fully completed application to the school office as soon as possible: 7:50am – 3:50pm Mon. – Fri.)

INCOMPLETE PACKAGES WILL NOT BE ACCEPTED FOR CONSIDERATION.

Applications for Kindergarten

To be considered in the initial group of applicants, your application package must be returned to the school no later than **Thursday, October 29th, 2026**

Please do not call the office, we will contact you only if you have been short listed.

Applications for Grade 1-7 Inc.

As all grades are currently full at Corpus Christi, applications for grades 1-7 are "Waiting List". The required paperwork is the same as for kindergarten but the \$30 is not required. Following Corpus Christi Re-registration (March) we will refer to the waiting list if there are any spaces available.

NEW FAMILIES

CORPUS CHRISTI SCHOOL

2027-2028

2360 Waverley Ave. Van. B.C.

Email: office@cchristi.ca

604-321-1117

APPLICATION FOR REGISTRATION 2026-2027

Entering Grade _____ in September, 2027

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 ☐
PROOF OF LEGAL RESIDENCY OF PARENT OR LEGAL GUARDIAN ☐	REPORT CARD ☐
(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

☐

YES

☐

NO

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.