WAIT LIST

CORPUS CHRISTI SCHOOL

2027-2028

2360 Waverley Ave. Van. B.C.
Email: office@cchristi.ca
604-321-1117

WAITLIST FOR REGISTRATION 2027-2028

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:
2nd 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 or 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.**