



St. Mary's School
 5239 Joyce Street
 Vancouver BC V5R 4G8
 604.437.1312 f. 604.437.1193
 www.stmary.bc.ca

PLEASE PRINT

LEGAL FAMILY NAME		HOME PHONE#	
ADDRESS	CITY	COUNTRY	
FATHER'S NAME	FATHER'S CELL#	MOTHER'S NAME	MOTHER'S CELL#
FATHER'S CITIZENSHIP		MOTHER'S CITIZENSHIP	
CATHOLIC/OTHER		EMAIL ADDRESS	

INTERNATIONAL STUDENTS ATTENDING ST. MARY'S FOR THE SCHOOL YEAR _____ (PLEASE PRINT)

	1 ST STUDENT	2 ND STUDENT
LEGAL FIRST NAME		
LEGAL MIDDLE NAME		
USUAL FIRST NAME (English Name)		
GENDER (MALE OR FEMALE)		
GRADE IN SEPTEMBER		
BIRTH DATE	DAY MONTH YEAR	DAY MONTH YEAR
PLACE OF BIRTH If Canada, state Province If other, state country		
CITIZENSHIP		
MEDICAL CARECARD #		
MEDICAL CONCERNS (Confidential)		

PLEASE NOTE: Regarding Citizenship – State your residential status in Canada i.e. Canadian Citizen, Landed Immigrant, Student Visa, Non-resident, Special Status, etc. YOU MAY BE ASKED TO PROVE LEGAL STATUS IN CANADA BY THE SCHOOL OR THE AUDITOR.

GUARDIAN'S NAME

CITIZENSHIP

ADDRESS

TELEPHONE (Home)

CELL #

PERSON TO CONTACT IN EMERGENCY (other than the parent or guardian)

NAME

TELEPHONE

RELATIONSHIP

NAME

TELEPHONE

RELATIONSHIP

LAST SCHOOL YOUR CHILD/CHILDREN ATTENDED (new students only, Name, Address, Telephone # and Grade)

I HEREBY CERTIFY THAT THE ABOVE INFORMATION, TO THE BEST OF MY KNOWLEDGE, IS
CORRECT AND COMPLETE

Father's Signature

Mother's Signature

Date

.....
OFFICE USE ONLY

Registration Fees _____ Activity Fee _____ Tuition Fee _____ Commitment Form _____

Passport _____ Visa _____ MSP (Medical) _____

HOMESTAY FAMILY'S NAME

ADDRESS

CITY

POSTAL CODE

TELEPHONE (Home)

CELL #