

CORPUS CHRISTI SCHOOL

2019-2020

WAIT LIST

6344 Nanaimo St. Van. B.C.

Email: office@cchristi.ca

604-321-1117

Entering Grade _____ in September, 2019 FAMILY NAME _____

Email address: _____

**PLEASE PRINT ALL INFORMATION CLEARLY
WAIT LIST FOR 2019-2020 CORPUS CHRISTI SCHOOL**

Child's Legal Surname:			
Child's First:		Middle Names:	
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:	Other:
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.**