



"I am the Way, the Truth and the Life."

Student's Name _____	Grade _____
Date _____	

Application Form for Veritas Catholic School

4836 Straume Ave
Terrace B.C V8G 3T7
250-635-3035 fax 250-635-7588

Student Information

Student's Name _____ M _____ F _____
 In Sept of _____ (year) my child will be in grade _____
 Date of Birth _____ Birthplace _____
 Date of Baptism _____ Place _____
 Address _____
 Postal Code _____ Telephone _____
 Name of School presently enrolled _____
 Siblings birth dates _____

Parent/ Guardian Information

Present Marital Status _____
 IF LEGAL DECISIONS HAVE BEEN MADE REGARDING YOUR CHILD/
 CHILDREN OR OTHER GUARDIAN SHIP, PLEASE ENSURE THE OFFICE HAS A
 NOTARIZED COPY

Father's Legal Name _____
 Address (if different from above) _____

 Postal Code _____ Telephone _____
 Occupation _____ Business phone _____
 Employer's Name _____ Telephone _____

Mother's Legal Name _____
 Address (if different from above) _____

 Postal Code _____ Telephone _____
 Occupation _____ Business phone _____
 Employer's Name _____ Telephone _____

Religion: Child's _____ Mother's _____ Father's _____
 Sacraments child has received: Baptism _____ Communion _____ Confirmation _____

OFFICE USE ONLY (FOLLOWING INFORMATION IS ATTACHED)

Birth Certificate__ Baptismal Certificate__ Envelope # ____ Report Cards ____

EMERGENCY INFORMATION

Child's Medical Number

Name of Emergency Contact _____

Relationship to child _____

Home Telephone _____ Work Telephone _____

Name of Emergency Contact _____

Relationship to child _____

Home Telephone _____ Work Telephone _____

Name of Family Physician _____ Telephone _____

Name of Family Dentist _____ Telephone _____

Please indicate if your child has any of the following concerns:

Vision _____ Wears glasses _____ Contact Lens _____ Other _____

Hearing _____ Aid _____ Other _____

Allergies _____ Type _____ Emergency treatment _____

Asthma _____ Type _____ Emergency treatment _____

Diabetes _____ Requires insulin _____ Other _____

Epilepsy _____ Type _____ Medication _____

Heart Condition _____ Explain _____

Other (specify and indicate any medication that is being used) _____

Has your child experienced any learning difficulties and/or received learning assistance?
Please give details. _____

Is your child able to participate in a full P.E. program? Yes _____ No _____

If NO please provide an exemption note from your physician as P.E is a required subject. Our goal is to cooperate with you in keeping your child healthy, so if you have any further questions please do not hesitate to call your local Health Office or the Public Health Nurse. If your child's medical condition changes during the year, please inform the school.

A COPY OF YOUR CHILD'S BIRTH AND BAPTISMAL CERTIFICATES MUST ACCOMPANY THIS APPLICATION. A MEETING WITH THE PASTOR AND PRINCIPAL WILL BE ARRANGED BEFORE ACCEPTANCE IS GRANTED. THE FILING OF THIS APPLICATION DOES NOT MEAN AUTOMATIC ACCEPTANCE.

THERE IS A \$10.00 NONREFUNDABLE REGISTRATION FEE TO BE MADE OUT TO VERITAS SCHOOL.

ONE MONTH'S NOTICE IS REQUIRED IF YOU WITHDRAW YOUR CHILD FROM THE SCHOOL. IF THIS NOTICE IS NOT RECEIVED YOU WILL BE CHARGED FOR AN ADDITIONAL MONTH'S TUITION. THANK YOU.

(signature of parent)

(Date)