



St. Anthony of Padua School

1370 West 73rd Avenue, Vancouver, BC, Canada V6P 3E8

Tel. 604. 261.4043 www.sapadua.ca

Email: admissions@stanthonyofpaduaschool.ca

REQUEST FOR APPLICATION FORM

(If emailing forms, please put "Application" in the subject line)

PLEASE PRINT CLEARLY

SURNAME: _____

OFFICE USE ONLY:

APPLICATION # _____
YEAR MM DD

NAME OF MOTHER: _____ FATHER: _____ MARITAL STATUS _____

COMPLETE ADDRESS: _____

HOME PHONE: _____ WORK #: Mother _____ Father _____

CELL #: Mother _____ Father _____

EMAIL ADDRESS: _____ MOTHER: _____ FATHER: _____

ST. ANTHONY OF PADUA PARISH- ENVELOPE # _____

OTHER PARISH: _____ - ENVELOPE # _____

NOT CATHOLIC, *What Faith Denomination?* _____

Name of Child	Gender M / F	Birth Date DD-MMM-YYYY	Applying For		Name of Catholic Church Baptized	Yes	Yes	Name of School Presently Attending
			Grade	School Year		No	No	

PLEASE READ CAREFULLY AND SIGN BELOW:

- a.) I have been informed and understand that priority for admission to St. Anthony of Padua School is given to families who:
- i) Are practicing Catholics
 - ii) Are registered in the parish,
 - iii) Attend Sunday mass regularly, and
 - ii) support the parish by using their envelopes every Sunday.
- b.) I also understand that the **Request for Application Form** is valid for **one year only**, unless I notify the school by the end of February prior to the beginning of a new school year. Failure to renew this application or update information may result in my application being removed from the Waiting List.
- c.) I give consent for St. Anthony of Padua School to collect personal information that may include student identification information, birth certificate, parents work number, academic records, and information from the school and/or parish that my child and/or family attends or has attended. *This information is required in order to assist the school in making decisions regarding interviews and acceptance of new families depending on available space.*

SIGNATURE: _____

DATE: _____