



# Saint Anthony's School

595 Keith Road, West Vancouver  
(604) 922-0011 Email: office@saswv.ca

## Preliminary Application Form

*Please print this form and bring it to the St. Anthony's School Office with your child's latest progress report and Individualized Education Plan (if applicable).*

Student's Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(legal last) (legal first) (legal middle)

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender: \_\_\_\_\_  
(year) (month) (day)

Grade Applying for: \_\_\_\_\_ Siblings already at St. Anthony's School? Y or N

Place of Birth: (City & Country): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Citizenship/Immigration Status: Child: \_\_\_\_\_ Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Religion: Child: \_\_\_\_\_ Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Parish your family is **currently registered**: \_\_\_\_\_ If CTR or St. Anthony's, Envelope #: \_\_\_\_\_

Any other siblings applying at this time? Y or N Grade: \_\_\_\_\_ Grade: \_\_\_\_\_

Any medical or learning concerns? \_\_\_\_\_

Has your child been referred to, or seen by:

Speech and language pathologist

Occupational therapist

Psychologist

Neurologist

Details: \_\_\_\_\_

(Grade 1-7): Has your child received or are they receiving Learning Assistance in their current/previous school? Y or N

**Please attach a copy of your child's most recent progress report and Individualized Education Plan (if applicable).**

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_