



QUEEN OF ALL SAINTS SCHOOL

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WAITING LIST APPLICATION FORM

PLEASE PRINT CLEARLY

WL# _____ (OFFICE USE ONLY)

SURNAME: _____

NAME OF MOTHER: _____ FATHER: _____ MARITAL STATUS: _____

COMPLETE ADDRESS: _____

HOME PHONE: _____

WORK #	Mother: _____
	Father: _____

CELL#	Mother: _____
	Father: _____

ALL SAINTS PARISH
ENVELOPE# _____

OTHER PARISH: _____
ENVELOPE # _____

NOT CATHOLIC

What Faith Denomination? _____

Name of Child	Gender (M/F)	Birth date	Applying For:		Name of Catholic Church Baptized In	Yes /No	Yes /No	Name of School presently attending
			Grade	School Year		Received 1st Communion	Baptized in Other Church	

EXTRA SERVICES REQUIRED BY YOUR CHILD/REN:

ESL

SPECIAL NEEDS (i.e. VISION, HEARING, PHYSICAL DISABILITIES)

LANGUAGE SPOKEN

AT HOME: _____

NAME OF CHILD

EXPLAIN NEEDS

PLEASE READ CAREFULLY AND SIGN BELOW

- a.) I have been informed and understand that priority for admission to Queen of All Saints School is given to families who:
- i) are practicing Catholics,
 - ii) are registered in the parish,
 - iii) attend Sunday Mass regularly, and
 - iv) support the parish by using their envelopes every Sunday.
- b.) I also understand that the Waiting List Application 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 Queen of All Saints 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: _____