APPLICATION

ST. JOHN BREBEUF REGIONAL SECONDARY SCHOOL

2747 Townline Road, Abbotsford, BC V2T 5E1 Tel: (604) 855-0571 Fax: (604) 855-0572

APPLYING FOR GRADE: 8 9 10 11 12 (CIRCLE ONE)

STUDENT

Legal Last Name _____
Legal First Name _____
Usual Last Name _____
Preferred First Name _____
Middle Name _____ None ☐
Gender ____ (M/F)
Birth Date _____ Age _____
Proof Of Age _____
Home Phone No. _____ Unlisted ____ (Y/N)

PROPERTY ADDRESS

Street# & Name _____ Apt# _____
Complex Name _____ Lot# _____ Concession# _____
Municipality _____
State/Prov _____ Postal Code _____
Proof Of Addr. _____

MAILING ADDRESS Same As Property Address ____ (Y/N)

IMMIGRATION/MISCELLANEOUS

Country of Birth _____
Citizen of _____
Language _____
Language at home _____
Language most used _____

PREVIOUS SCHOOL/DISTRICT

District _____
Previous School _____
Address

Parish Community _____

Religion _____

Have you attended St. John Brebeuf previously? __Yes __No

If yes, when? _____ For which grade? _____

PARENT/GUARDIAN

	1.	2.
Custody / Living with / Court Access		
Relationship		
Last Name		
First name		
Living With Student	____ (Y/N)	____ (Y/N)
Same as Student Addr ?	____ (Y/N)	____ (Y/N)
Address		
Home Phone No.	_____ Unlisted ____ (Y/N)	_____ Unlisted ____ (Y/N)
Cellular Phone No.		
Fax #.		
Pager #.	_____ Ext. _____	_____ Ext. _____
E-mail Address		
Additional Information		

★★★★★★

I consent to having St. John Brebeuf collect personal information that may include student information, birth certificate and legal guardianship. This information is required in order to apply for admission to the school and will be used to assist the school in making an informed decision as to your child's placement in the school. For more information, the privacy manager of St. John Brebeuf is Ted Brennan. He may be reached at 604-855-0571.

_____ _____ _____

Parent / Guardian Name | Parent / Guardian Signature | Date

I certify that the information on this form is correct.

_____ _____

PARENT/GUARDIAN SIGNATURE | DATE