

## QUEEN OF ALL SAINTS SCHOOL

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PLEASE PRINT CLEARLY  SURNAME:  NAME OF MOTHER:				APPLICAT	APP.#	APP.#(OFFICE USE ONLY)		
						MARITAL STATUS:		
COMPLETE ADDI	RESS:							
CELL#: Mother: WORK			ORK#	K# Mother:		EMPLOYER: Mother:		
				Father:			Father:	
EMAIL (print clearly:								
□ALL SAINTS PA ENVELOPE#	RISH	□отне	R PARI	SH:				ATHOLIC  aith Denomination?
			Applying For:			Yes /No	Yes /No	
Name of Child	Gender ( M/ F )	Birth date	Grade	School Year	Name of Catholic Churcl Baptized In	Received 1st	Baptized in Other Church	Name of School presently attending
EXTRA SERVICI □ ESL LANGUAGE SPOKEN AT HOME:		QUIRED BY	Y YOU			VISION, HE	ARING, P	HYSICAL DISABILITIES)  EXPLAIN NEEDS
PLEASE READ CAR a.) I have been informed i) are practicing ii) are registered b.) I also understand the	ed and ung Cathord in the wat the W	nderstand that p lics, parish, Vaiting List App	oriority fo ii iv olication i	or admission to ii) attend Sur v) support th is valid for <u>on</u>	nday Mass regularly, ne parish by using the e year only, unless I	and ir envelopes	every Su	nday. he end of
in my application b  c) I give consent for of information, birth c my child and/or fan	eing rem Queen of ertificate nily atter	f All Saints Sch e, parents work ands or has attended	Waiting I ool to col number, ded. <i>This</i>	List.  Elect personal academic reconstruction is	information that may ords, and information is required in order to pending on available	include stude from the second assist the second	dent ident hool and/	ification or parish that

DATE:

SIGNATURE: