

ASSUMPTION SCHOOL
7091 GLACIER STREET
POWELL RIVER, B. C. V8A 1R8
PHONE: (604) 485-9894 - FAX: (604) 485-7984
Email: assump.office@shaw.ca - www.assumpschool.com

APPLICATION FOR ADMISSION

Entering Grade (circle one) **K 1 2 3 4 5 6 7 8 9** in September 201__

I would like to apply for admission of my child _____ as a student at Assumption School.

Child's Age ___ Birthdate _____ Place of Birth _____

Address _____ Postal Code _____

email address (if applicable) _____

Home Phone No. _____ Citizenship _____

Parishioners _____ Non-Parishioners _____ Is child baptized Catholic? Yes No _____

Name, address and phone No. of last school attended:

Primary language spoken in the home _____

I have chosen to apply to Assumption School for the following reasons:

Does your child have any special needs or requirements that the school should be aware of?

Name of Father _____ Religion _____

Occupation _____ Employer _____

Name of Mother _____ Religion _____

Occupation _____ Employer _____

Names and ages of brothers and sisters:

I understand that this application does not automatically admit the candidate to Assumption School. Academic files and an interview are also taken into consideration to ensure we are able to meet every individual's needs.

Please include a copy of the child's birth certificate.

Signature of Parent/Guardian

Date