

OUR LADY OF SORROWS SCHOOL



In Faith and Love we build Christian Community

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NEW STUDENT PRE-REGISTRATION REQUEST FORM 2024-2025 SCHOOL YEAR

(Please print clearly)

CHILD'S SURNAME:	FATHER'S NAME:	MOTHER'S NAME:
CHILD'S NAME:	BIRTHDATE (MM/DD/YYYY):	GRADE:
	BIRTHDATE (MM/DD/YYYY):	GRADE:
	BIRTHDATE (MM/DD/YYYY):	GRADE:
FULL ADDRESS:		
Email Address (Print clearly):		
HOME PHONE:	MOTHER'S CELL:	MOTHER'S WORK #:
FATHER'S WORK #:	FATHER'S CELL:	CHILD BAPTIZED: <input type="checkbox"/> Yes <input type="checkbox"/> No
RELIGION: <input type="checkbox"/> Catholic <input type="checkbox"/> Other _____	PARISH:	ENVELOPE #:
TEACHER ASSISTANT REQUIRED: <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please explain)		
PREVIOUS SCHOOL/PRESCHOOL:		
REASON FOR CHOOSING OUR LADY OF SORROWS SCHOOL:		
DATE:	SIGNATURE:	