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APPLICATION FOR PRE-REGISTRATION
ALL GRADES

PERSONAL INFORMATION

Student's Usual Names: _____ First Name Used: _____
 (Surname) (First) (Middle)

Birth date: M ____ D ____ Y ____ Birth Province/Country _____ Gender: Male __ Female: __

Language spoken at home: _____ Catholic ____ Non-Catholic ____

Are you practicing Catholics? _____ Which Parish? _____

Please Indicate Sacraments Received:

Baptism _____
 Reconciliation _____
 First Communion _____
 Confirmation _____

Aboriginal Ancestry:

Status _____
 Non-Status _____
 Band Name & No _____

FAMILY INFORMATION

Contact information _____
 (First Name/Legal) (Surname/Legal)

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Telephone: _____ email _____

Cell phone: _____ 2nd email _____

Have you registered or is your child on a wait list at other schools Yes _____ No _____

Which ones _____

Do you already have a child/relative at SHS – No _____ Yes (name) _____

Save a spot for the school year _____

DOB year 2013 = 2018 2014 = 2019 2015 = 2020 2016 = 2021