



785 Patricia Boulevard
 Prince George B.C. V2L 3V5
 Telephone/Fax: 250-563-5201

Website: www.shspg.com
 E-mail: sacredheart@cispg.ca

**APPLICATION FOR CONSIDERATION
 FOR ENROLLMENT**

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? _____

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

School year _____

DOB year (Kindergarten) 2016 = 2021 2017 = 2022 2018 = 2023 2019 = 2024