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**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: \_\_\_\_\_ 2<sup>nd</sup> 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) \_\_\_\_\_

**Grade & School year** \_\_\_\_\_