



**St  
Joseph's  
School**

## **St Joseph's School Application Form**

### Student Information

_____	_____
First Name	Last Name
_____	_____
DOB MM – DD – YYYY	Age
_____	Gender
Catholic _____	Previous School _____
Y/N	

Anticipated start date: \_\_\_\_\_ Applying for grade: \_\_\_\_\_

If you have additional children please note their Names, ages and grade you are applying for: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any concerns, special needs or medical conditions etc: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Parent Information

_____	_____
First Name	Last Name
_____	_____
Email	Phone Number

Thank you for your interest in our school! We will be reaching out to you soon to discuss admission as well as arrange an interview and tour of our school. We look forward to meeting you.

*Living, **Celebrating** and Proclaiming our Faith*

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**P:** 250 847 9414 **E:** stj@cispg.ca **W:** <http://saintjosephsschool.ca/>  
**M:** Box 454, Smithers, BC V0J 2N0 | Wet'suwet'en traditional territory