



**ELEMENTARY SCHOOL REGISTRATION FORM**  
**Algonquin and Lakeshore**  
**Catholic District School Board**  
**613-354-2255 / 1-800-581-1116**

**151 Dairy Avenue**  
**Napanee, Ontario**  
**K7R 4B2**

**St. Mary Catholic School**

85 Campbell St.  
 Trenton, Ontario  
 K8V 3A2

School Start Date

Date of Registration

Grade

English

French Immersion

THE FOLLOWING DOCUMENTS ARE **REQUIRED** TO COMPLETE THE REGISTRATION. PLEASE VERIFY THOSE WHICH HAVE BEEN RECEIVED BY THE SCHOOL  
 CATHOLIC BAPTISMAL CERTIFICATE (COPY RECEIVED)  BIRTH CERTIFICATE (COPY RECEIVED)  IMMUNIZATION RECORD (COPY RECEIVED)

Student's Last Name \_\_\_\_\_ Given Names \_\_\_\_\_ M  F  Date of Birth (Year/Month/Day) \_\_\_\_\_

**Civic/Mailing/911 Address** No. & Street \_\_\_\_\_ Apt. No. \_\_\_\_\_ P.O. Box or R. R. \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_ Lot & Concession \_\_\_\_\_ Municipality \_\_\_\_\_

Religion: Roman Catholic  Other  Name, Address and Phone No. of Last School Attended \_\_\_\_\_ First Language Spoken \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Sacramental History: Please indicate which sacraments your child has received: Baptism (**Roman Catholic**)  Reconciliation  First Communion  Confirmation  Name and Location of current parish \_\_\_\_\_

Father's Name (Address of Father - if different from the student) \_\_\_\_\_ Home Telephone: \_\_\_\_\_ Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_ Religion: Roman Catholic  Other  At Residence Address: \_\_\_\_\_ Owner  Tenant

Mother's Name (Address of Mother - if different from the student) \_\_\_\_\_ Home Telephone: \_\_\_\_\_ Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_ Religion: Roman Catholic  Other  At Residence Address: \_\_\_\_\_ Owner  Tenant

Student lives with: Mother  Father  Both Parents  Other (Please Specify) \_\_\_\_\_ Exclusive Custody Court Order Attached: Yes  No

In case of Emergency, another **Adult** who the school may contact if unable to reach parent. Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Brothers & Sisters - Names & Ages \_\_\_\_\_

Caregiver Information: Please indicate location where child is to receive transportation if other than home. Please include name, address & phone number at location. Transportation Required: AM  PM  Bus # BOTH

Ontario Health Card Number: \_\_\_\_\_ The School should be aware of any health conditions which might affect the student's progress. Check any of the following with which the student has shown difficulty. Sight  Hearing  Speech  Heart  Epilepsy  Allergies  Asthma  Other \_\_\_\_\_

Residency Status: Was the student born in **ONTARIO**? Yes  No  If no, indicate province of birth: \_\_\_\_\_ Was the student born **OUTSIDE OF CANADA**? Yes  No  If yes, indicate country of birth: \_\_\_\_\_ Date of Entry into Canada: \_\_\_\_\_

**THE PHILOSOPHY OF THE CATHOLIC SYSTEM: "The Catholic School System exists for children whose parents have chosen to educate them in a Christian philosophy within the Catholic Tradition." In requesting admission for my child, I recognize the significance of the above and am prepared to support it and the school system objectives.**

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of Principal/Principal's Designate: \_\_\_\_\_ Date: \_\_\_\_\_

For School Use Only: Other Information  
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