



# St. Michael's School

9387 Holmes St., Burnaby, BC V3N 4C3  
Telephone (604) 526-9768 Fax (604) 540-9799  
Website: [www.stmichaelschool.ca](http://www.stmichaelschool.ca)

## APPLICATION FOR INTERNATIONAL STUDENTS 2026-2027

*Please print clearly*

THIS APPLICATION IS FOR A STUDENT ENTERING GRADE \_\_\_\_\_ IN SEPTEMBER 2026

### Personal Information

Student's Name: \_\_\_\_\_ / \_\_\_\_\_  
Legal Surname \_\_\_\_\_ Gender: \_\_\_\_\_  
Legal Given Name \_\_\_\_\_  
Middle Name \_\_\_\_\_  
M/F \_\_\_\_\_

Student's Usual Family Name: \_\_\_\_\_ Usual First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_

Canadian Address \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Date of Birth:(DD/MM/YEAR) \_\_\_\_\_ Primary Language Spoken at Home: \_\_\_\_\_

If born outside of Canada, Date of Entry to Canada: (DD/MM/YEAR)

Applicant:  Student Visa

Parents:  Work Visa  Study Visa  Visitor Visa

Child's Religion: \_\_\_\_\_

### **Has the child received the following?**

Sacrament of Baptism:  Yes  No Sacrament of Reconciliation:  Yes  No

Sacrament of Holy Communion:  Yes  No Sacrament of Confirmation:  Yes  No

Applicant's Present School: \_\_\_\_\_

Grade or Level Completed: \_\_\_\_\_ Years of English Studies: \_\_\_\_\_

Canadian Guardian's Name: \_\_\_\_\_

Canadian Guardian's Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Signed affidavit for guardianship attached:  Yes  No

**Medical Information**

Personal Health Care Number: \_\_\_\_\_  
(Attach proof of International Medical Insurance)

Medical problems or known Allergies (i.e. epilepsy, diabetes, food allergies, insect bite allergies, vision or hearing impairments, etc...)  
 No                       Yes

*Please specify (Note: Staff cannot administer medication unless a formal request form is completed). If your child has a medical condition that requires specific instructions, you **must** fill out the appropriate paperwork which is available at the school office. Only allergies which require a medical plan need to be listed here.*

Is the allergy/condition life threatening?  Yes                       No If yes, does the child carry an EpiPen?  Yes     No

Does the child have any Learning Difficulties (reading difficulties, speaking difficulties, physical challenges, autism, developmental delays, etc...) Has the child had an assessment completed? (speech language, occupational therapy, psycho-educational)  
 No                       Yes

*Please specify:*

In order to provide a safe and productive learning environment, it is imperative that pertinent information is disclosed to the school for educational planning purposes. Acceptance is contingent upon appropriate disclosure of relevant information to the school.

Disclosure of this information **WILL NOT AFFECT** your child’s admission, however, non-disclosure of this information will result in your application being re-evaluated.

**Parent/Guardian Information**

Father’s Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Address (if different from child) \_\_\_\_\_  
(house number, street, city, postal code)

Citizenship: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Mother’s Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Address (if different from child) \_\_\_\_\_

Citizenship: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

*To the best of my knowledge, all information on this application is correct. If admitted to St. Michael’s Catholic School, I agree to abide by its policies and regulations.*

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Parent of Guardian**

\_\_\_\_\_  
**Date**