## **COGHLAN FUNDAMENTAL ELEMENTARY SCHOOL** 4452 – 256 Street, Aldergrove, B.C. V4W 1J3 Phone: 604-856-8539 Fax: 604-856-4309

WAITING LIST	APPLICATION	New Family	Sibling Family
Гoday's Date:		Tir	me:
Foday's Date:Yea	r Month	Day	
Child's Name:			Present Grade:
First Name	Surna	ame	
Birthdate: Year	Month Day	Candan	Next School Year:
Address and Postal Code:			
E-mail Address:		Home	Phone:
Parent Names: Father:		Cell Phone:	Work Phone:
			Work Phone:
Alternate phone contact:_	Name	Phone	Relationship
Current School:			strict:
Names of any siblings cur Coghlan Fundamental Eler		Names of any <u>siblings</u> Coghlan Fundamental	currently on the <b>Wait List</b> for Elementary School:
Child's Name	Present Grade	Child's Name	Present Grade
Does your child have any This information will help	special needs or require us prepare for your chi	e any special support or ass ild's learning needs.)	istance? Please describe.
Any additional parent com	ments:		
N.B. To ensure that you opur school office if you have	an be contacted when an a change in your address,	opening is available for your postal code or phone numbe	child, it is very important that you ir.
·	of Parent/Guardian:		