

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

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Today's Date: _____ Time: _____
Year Month Day

Child's Name: _____ Present Grade: _____
First Name Surname

Birthdate: _____ Next School Year: _____
Year Month Day Gender

Address and Postal Code: _____

E-mail Address: _____ Home Phone: _____

Parent Names: Father: _____ Cell Phone: _____ Work Phone: _____
Mother: _____ Cell Phone: _____ Work Phone: _____

Alternate phone contact: _____
Name Phone Relationship

Current School: _____ District: _____

Names of any siblings currently **attending**
Coghlan Fundamental Elementary School:

Names of any siblings currently on the **Wait List** for
Coghlan Fundamental Elementary School:

Child's Name	Present Grade		Child's Name	Present Grade

Does your child have any special needs or require any special support or assistance? Please describe.
(*This information will help us prepare for your child's learning needs.*)

Any additional parent comments: _____

N.B. To ensure that you can be contacted when an opening is available for your child, it is very important that you notify our school office if you have a change in your address, postal code or phone number.

Signature of Parent/Guardian: _____