Our Lady of Mercy School

7481 10th Avenue
Burnaby, B. C.
V3N 2S1

November 28th, 2025

Dear Parents:

Re: Siblings for 2026/2027 School Year

If you have a sibling who would like to attend Our Lady of Mercy for the 2026/2027 school year, please return the form below to the school office by Friday, December 5th, 2025. We will contact you if a seat becomes available for the requested grade.

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. Disclosure of this information **WILL NOT AFFECT** your child's admission.

Siblings for 2026/2027 School Year (Grade 1 – 7)
Please return by Friday, December 5th, 2025

Full Name of Child: _____ D.O.B.: _____ Gender: _____
(Printed) (MM/DD/YYYY)

Full Name of Sibling: _____ Current Grade: _____
(Printed)

Full Name of Mother: _____ Full Name of Father: _____
(Printed) (Printed)

Mother's Cell Number: _____ Father's Cell Number: _____

Mother's Email: _____ Father's Email: _____
(Printed) (Printed)

Check all boxes below that pertain to your child or mark N/A if not applicable.

☐ **ESL**

Language Spoken
At Home: _____

☐ **SPECIAL NEEDS** (ie vision, hearing, physical disabilities, autism)

_____

☐ **ALLERGIES** (i.e. nuts, bee stings, etc.)

_____

☐ **MEDICAL ISSUES** (i.e. asthma, diabetes, seizures, etc.)

_____

Parent Signature: _____ **Date:** _____