Our Lady of Mercy School
7481 10th Avenue
Burnaby, B.C.
V3N 2S1

November 20th, 2026

Kindergarten for Siblings for 2027/2028 School Year
Please return by Friday, November 27th, 2026

Dear Parents:

If there is a sibling born in 2022 whom you wish to register for Kindergarten at Our Lady of Mercy School for the 2027–2028 school year, please complete and return the form below to the school office by **Friday, November 27, 2026**.

Preference is given to siblings of current students. To assist with enrollment planning and ensure your child's place is considered, we ask that you submit this form by the deadline indicated above.

To support a safe, productive, and inclusive learning environment, it is important that the school receive all relevant information necessary for educational planning. Please be assured that the disclosure of this information **WILL NOT AFFECT** your child's admission to Our Lady of Mercy School.

Confidentiality Notice: This form is intended for use by Our Lady of Mercy School only. Please do not share or distribute this form outside of the school.

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** (i.e. vision, hearing, physical disabilities, autism)

_____ _____

☐ **ALLERGIES** (i.e. nuts, bee stings, etc.) ☐ **MEDICAL ISSUES** (i.e. asthma, diabetes, seizures, EpiPen req. etc.)

_____ _____

☐ We understand that our child must be able to dress and undress themselves independently, and must be able to use the bathroom without adult assistance before September. Exceptions will be made on a case by case basis.

Parent Signature: _____ Date: _____