



Dear Parents or Guardians,

At Immaculata Regional High School we offer an excellent educational program and welcome your interest in our school. To apply formally for your son/daughter to attend Immaculata, please complete and return the attached forms. We also require:

- parent/guardian's proof of BC residency (copy of government-issued ID displaying current address)
- student's birth certificate or passport (a copy must accompany the application)
- student's landed immigrant or permanent resident status (if not born in Canada)
- student's most recent report card (Our office can obtain copies of report cards on behalf of students presently at St. Joseph Elementary in Kelowna, Our Lady of Lourdes Elementary in West Kelowna, St. James in Vernon and Holy Cross in Penticton.)

To complete your application, we require arrangement for payment of the first month's tuition fee (due July 6), parent participation fee (due August 6) and capital building fee (due upon registration). Please attach:

- payment of non-refundable \$200 capital building fee and
- void cheque for automatic withdrawals on the above dates or cheque(s) payable to IRHS

Once all forms have been completed and copies of additional required documents have been assembled, please either

- email the application and attachments to Immaculata's school secretary at irhs.office@cisnd.ca (for applications submitted by email, typed names in signature fields will be considered as your acceptance, agreement, acknowledgement, and/or consent as necessary) or
- mail or deliver a printed copy of the completed forms with signatures as requested throughout.

All new applicants must have an interview with the principal (students from St. Joseph's, Our Lady of Lourdes, St. James, and Holy Cross exempt). Interviews will be scheduled after receipt of completed registration forms.

Please note: application packages completed and returned to the school on or before March 15, 2024 are eligible for the early registration discount and will receive this year's regular tuition rates next year.

Course selection will take place at a later date.

Please contact the school should you have any questions.

Sincerely,

Mr. R. Plaxton
Principal

Continuous Enrollment

Immaculata Regional High School employs a “Continuous Enrollment” admissions process. Continuous enrollment means that instead of an annual “*opt-in*” paper-intensive approach to re-registration, once a student is enrolled at Immaculata, the student will remain enrolled from year to year until graduation unless the family chooses to “*opt-out*”.

Important Dates:

Friday, last day of school before March Break: All students who are currently enrolled and not graduating are considered re-enrolled for the following year. Families should opt-out by this date if they are not planning to return in the fall to avoid paying any non-refundable fees.

April 6: automatic withdrawal of non-refundable \$200 capital building fee with April’s tuition

Second-last Friday of June: Families must notify the office prior to this date to cancel enrollment for the upcoming year and to avoid the automatic withdrawal of September’s tuition on July 6.

July 6: automatic withdrawal of September’s tuition

August 6: automatic withdrawal of \$250 parent participation fee

Up to date information on tuition rates, uniform, dress code, etc. is maintained on Immaculata’s website at <https://immaculatakelowna.ca> under “Admissions”.

2024 – 2025 Tuition Fee Schedule and Financial Policies

CATEGORY I – Regular Tuition for British Columbia Residents

	Regular Rate after March 15th	Early Registration Rate up to March 15th
1st student	\$700/mo for 10 months	\$695/mo for 10 months
2nd student	\$450/mo for 10 months	\$450/mo for 10 months
3rd student	\$310/mo for 10 months	\$310/mo for 10 months
Maximum	\$1,460/mo for 10 months	\$1,455/mo for 10 months

CATEGORY II – Tuition for Practising Catholics

Reduced tuition is charged but must be applied for. (Complete the Practising Catholic Tuition Rate Request and obtain the signature of your parish priest.)

	Regular Rate after March 15th	Early Registration Rate up to March 15th
1st student	\$630/mo for 10 months	\$570/mo for 10 months
2nd student	\$420/mo for 10 months	\$380/mo for 10 months
3rd student	\$280/mo for 10 months	\$255/mo for 10 months
Maximum	\$1,330/mo for 10 months	\$1,205/mo for 10 months

CATEGORY III – Out of Province Students (prepaid upon registration)

This tuition level reflects the cost of educating a student in the Central Okanagan when government funding is not available. (Provincial funding is available only for students who are Canadian citizens or landed immigrants, whose parents or legal guardians are residents of British Columbia.)

\$15,500 for full year (10 months) *

* In addition to tuition, international students pay homestay fees, application fees, student activity fees, medical insurance, and miscellaneous other fees. These are invoiced and arranged for by the school. Please contact the school for more information.

CATEGORY IV – Other Canadian Students Funded Federally

Equivalent of current provincial funding plus tuition fees applicable to Category I or Category II funding is charged as appropriate. Please contact the school for more information.

Fees and tuition are payable either monthly or annually:

Monthly: All amounts are collected by pre-authorized automatic withdrawal. The capital building fee (\$200) on the 6th of the next month, September's tuition fee on July 6, the parent participation fee (\$250) on August 6. and monthly tuition on the 6th of each month (October to June).

Annually: Payment in full on a single cheque at time of registration or up to four separate cheques included with application: The capital building fee (\$200) due immediately, September's tuition dated July 6, the parent participation fee (\$250) dated August 6, the balance of tuition (October to June) dated on or before September 15.

For families that have children at Our Lady of Lourdes or St. Joseph Elementary, please contact the office for the blended tuition rate. Also, pay only half of the Immaculata parent participation fee (\$125).

Student fees are in addition to the above and cover required items such as consumables, class fees, gym strip, workbooks, etc. as well as optional items such as yearbooks and hoodies. (see website)

Anyone who has prepaid tuitions and received a charitable donation receipt, and subsequently withdraws, is not eligible for any tuition refund.

Tuition Information

Immaculata Regional High School (IRHS) is recognized by the Ministry of Education as a Group 1 Independent School. IRHS receives the maximum amount of funding available to an Independent School: 50% of the per student operating costs of the local public school district. These are partial operating costs only and do not cover costs for capital expenditures such as buildings, computers, desks, transportation, etc. To operate the school, two other sources of revenue are required: tuition fees and donations.

Reason for a “Practising Catholic” Tuition Rate

IRHS accepts practising Catholic, non-practising Catholic and non-Catholic students. Both Catholic and non-Catholic families pay tuition and indirectly support the school through government grants (we all pay taxes!). It is a third source of revenue, parish support for capital expenditures, in which families who are not contributing members of a Catholic parish do not participate. Because of this, a two-tiered tuition rate has been set which reflects that those already supporting the school financially through their own parish should enjoy some benefit from a lower tuition rate. Stated the other way, a family who is not active in a Catholic Church which financially supports our schools should, in fairness, play an equally supportive role in the area of school finances by paying a higher tuition.

Fair Policy

There is a reason, therefore, for having a Catholic family’s parish priest verify that the family is an active parish family. This attempts to uphold integrity to the policy of a two-tiered tuition rate. Why a family requesting a Catholic rate must actually qualify for the lower rate, is to be fair to the three groups of people.

- 1) If a non-Catholic family pays a higher tuition rate it must be because the Catholic families are actually supporting the school through their own contributions in the Sunday collection on a regular committed basis. Otherwise, it would be discriminatory to charge people different tuition rates simply on the basis of religious denomination.
- 2) Parishioners of the Catholic parishes in Kelowna and area financially support Catholic schools. It would be unfair to expect the parishes to subsidize families who are not in turn sharing in the financial responsibilities of the parish.
- 3) The staff in our Catholic schools accept a lower salary than their public counterparts as part of their commitment to Catholic education. It would certainly be a double standard to expect one thing from the staff and at the same time, not expect families to be offering such example to their children.

Catholic Rate Criteria

While the practice of the Catholic faith involves the sacramental life of the Church, moral living consistent with the gospel, responsible stewardship in supporting the Church, and prayer and Bible reading, the focus of the Catholic tuition rate relates to financial stewardship.

- 1) Unless excused for acceptable reason, the precept of the church specifies that, on Sundays and other holy days of obligation, the faithful are bound to participate in the Mass. (See Catholic Catechism #2180)
- 2) The faithful should participate in the activities of the parish in a visible way so that, together, all parishioners may continue the mission of the church, i.e., to make Jesus known to the community.
- 3) A Catholic makes regular, sacrificial contributions to their parish in the Sunday collection, which includes planned giving through the use of contribution envelopes.

The Catholic tuition rate is available to primary caregivers of the children (per IRHSC Policy 3001).

Dress Code and Uniform Expectations

Dressing appropriately for school and wearing the uniform correctly on uniform days is a statement that we are in a professional academic setting and a demonstration that we take our roles in our school seriously while helping show respect for those we encounter in our day, both inside and outside the school. Our uniform is a part of our identity and a form of pride in our school.

Students are expected to wear clothing appropriate for the school and learning environment. For the first day of the week, Mass days, para-liturgies, and announced important school functions, all Immaculata students are in uniform.

Everyday Dress Code

Students will attend school in neat and clean clothes that are in **good repair** (no frays or rips), and in keeping with **modesty** (hems of skirts and shorts to the student's fingertips, no tank tops, spaghetti straps or revealing clothing) and **good taste** (no clothing with unacceptable images or messages). Hats are not to be worn in the school.

For PE class, there is a prescribed gym strip available from the PE department.

For the safety and comfort of those with sensitivities or allergies to fragrances, please avoid perfume, cologne, and body spray. An effective deodorant, however, is a must!

Uniform Days

On uniform days, all expectations outlined above regarding modesty and good taste remain. Immaculata's current uniform is a selection of white or black crested polo shirts and khaki or black bottoms.

Uniform Ordering

Uniforms must be ordered from our current uniform supplier. We recommend that you order your uniforms for the new school year in June so that you have them in time for September.

Special Notes:

- Previous iterations of the school uniform are not permitted.
- The exception to the above is that the former black crested school sweater (black cardigan, long sleeve V-neck or sweater vest) may be worn with the uniform. The current supplier also has uniform sweaters in grey and black.
- Leggings and yoga pants are not part of the school uniform.
- Hosiery should be neutral and shoes should be reasonable.
- Grad, team, and club hoodies/jackets are not permitted to be worn on uniform days, or to Mass or para-liturgies. Uniform sweaters may be worn for warmth during these times or consider ordering a long-sleeve polo.

Presentable dress and uniform conformity are at the discretion of the administration.

Up to date information on uniform and dress code is maintained on Immaculata's website at <https://immaculatakelowna.ca> under "Admissions".

Application Form

Student's Legal Last Name	Legal First Name	Legal Middle Name	Usual First Name (if different)
Address		City, Province	Postal Code
Date of Birth	Age	Grade going into	Gender Male Female
Country of Birth	First Nations Ancestry? Yes No	Living on reserve lands? Yes No	

Parent / Guardian Last Name	First Name and Middle Initial	Relationship
Address	City	Postal Code
Place of Employment	Religion	Parish
Home Phone	Work Phone Ext.	Cell Phone
E-mail address		

Parent / Guardian Last Name	First Name and Middle Initial	Relationship
Address	City	Postal Code
Place of Employment	Religion	Parish
Home Phone	Work Phone Ext.	Cell Phone
E-mail address		

Emergency Alternate Contact	Phone	Relationship
Family Physician	Phone	BC Personal Health Number

School Last Attended	Address
Principal	Phone

If you were referred to IRHS, please indicate referring family	Phone number of referring family
--	----------------------------------

By checking this check box and typing my name below, I hereby certify that the above information is correct. I hereby agree to support the school rules and regulations laid down by the Immaculata Regional High School Council, the principal, and staff of Immaculata Regional High School.

Parent Signature

Medical Alert Information Questionnaire

Student Name	Date of Birth	Today's Date
--------------	---------------	--------------

Indicate with a check mark (✓):

NO KNOWN MEDICAL CONDITIONS

Emergency and/or

Potentially Life-Threatening Conditions

Diabetes

Epilepsy

Serious Heart Condition:

Haemophilia

Seizure

Severe Asthma causing:

Extreme difficulty breathing

Uncontrollable coughing

Wheezing not relieved with medication

Anaphylaxis and/or history of
severe allergic reaction to:

Causing symptoms such as:

Hives

Difficulty breathing

Swelling

Throat tightness/closing

Fainting/loss of consciousness

Specify others:

Non-Emergency Conditions

Mild Allergies (controlled with medication)

Anorexia

Mild Asthma (controlled with medication)

Cancer

Depression (treated with medication)

Dyslexia

Migraine Headache

Narcolepsy

Medication allergy (e.g. antibiotics)

Schizophrenia

Lupus

Hyperactive condition (treated with Ritalin)

Aggressive condition

Hearing impaired

Visually impaired

Physical disability

Specify others:

Has the student ever required emergency care in a hospital
for a severe allergic reaction?

Yes No

Has the student been prescribed an EpiPen?

Yes No

If yes, where is it kept? _____

Other conditions which may require emergency care (please describe):

Accessibility Services Information Form

(to be completed by all new students)

Students with diverse abilities may require additional support and accommodations to enable them to access and participate in educational programs. To provide an inclusive education experience in which students with diverse abilities are fully participating members of a community of learners, Immaculata must be aware, in advance, of any additional supports that may be required by our students.

Please read this section carefully and ensure the information you provide is complete and accurate. Missing, omitted, or inaccurate information may affect your child's enrollment at Immaculata.

Name of Student

1. Ministry Designation and/or Diagnosis

Does your child currently have a diagnosis that impacts his/her learning?
(see table below)

Yes

No

If yes, please indicate by checking off which designation(s) apply. *Out-of-province students, please check off all applicable diagnoses.*

Ministry Designation	Out-of-Province Students	Description
<input type="checkbox"/> A	<input type="checkbox"/>	Physically Dependent (multiple needs)
<input type="checkbox"/> B	<input type="checkbox"/>	Deaf-Blind
<input type="checkbox"/> C	<input type="checkbox"/>	Moderate to Profound Intellectual Disabilities
<input type="checkbox"/> D	<input type="checkbox"/>	Physical Disability or Chronic Health Impairment
<input type="checkbox"/> E	<input type="checkbox"/>	Visual Impairment
<input type="checkbox"/> F	<input type="checkbox"/>	Deaf or Hard of Hearing
<input type="checkbox"/> G	<input type="checkbox"/>	Autism Spectrum Disorder (ASD)
<input type="checkbox"/> H	<input type="checkbox"/>	Students Requiring Intensive Behaviour Intervention or Students with Serious Mental Illness
<input type="checkbox"/> K	<input type="checkbox"/>	Mild Intellectual Disabilities
<input type="checkbox"/> P	<input type="checkbox"/>	Gifted
<input type="checkbox"/> Q	<input type="checkbox"/>	Learning Disabilities (Dyslexia, Dyscalculia, etc.)
<input type="checkbox"/> R	<input type="checkbox"/>	Students Requiring Moderate Behaviour Support or Students with Mental Illness
		Other Diagnosis: Any other diagnosis current or pending that does not qualify for a Ministry designation (i.e., including, but not limited to ADD, ADHD, auditory processing, sensory, etc.)

If your child does not have a formal diagnosis for any of the above, please specify below whether a recommendation, suggestion, referral, and/or assessment (completed or in process) was made for either any of the above diagnoses or for another reason by either a school or medical doctor:

--

2. Assessments

Has your child undergone any of the assessments in the table below?

Yes

No

If yes, please check all that apply:

<input type="checkbox"/>	Level B School Based (informal) i.e., WIAT, BASC, Woodcock-Johnson, or Other:
<input type="checkbox"/>	Autism (ICAHN/BCAHN)
<input type="checkbox"/>	Psychoeducational Assessment (Level C assessment), with or without social emotional screening assessment
<input type="checkbox"/>	Other (ADHD, mental health screening assessment/tool, etc.):

Please provide details of all assessments either suggested, pending, or completed by your child's previous or current school, GP, pediatrician, psychiatrist/psychologist, or other medical/healthcare professional.

--

3. Support Plans

Does your child have any academic support plans in place?

Yes

No

If yes, please check all that apply (current, previous and/or drafted):

<input type="checkbox"/>	Individualized Education Plan (IEP)
<input type="checkbox"/>	Accommodations Checklist
<input type="checkbox"/>	Positive Behaviour Support Plan
<input type="checkbox"/>	Other:

Please provide details and copies of any support plans in place for your child, including dates and whether the plan(s) are complete or in process. Indicate whether a suggestion, referral, and/or assessment (completed or in-process) was made by either a school or medical doctor.

--

4. Mental Health

Has your child been diagnosed with any mental health conditions and/or are there any concerns about your child's mental health?

Yes

No

If yes, please check all that apply:

<input type="checkbox"/>	Anxiety
<input type="checkbox"/>	Depression
<input type="checkbox"/>	Mood Disorder
<input type="checkbox"/>	Personality Disorder
<input type="checkbox"/>	Other (please specify):
<input type="checkbox"/>	Accessed Counselling Services (in-school or out-of-school)

Please provide details of all mental health conditions and/or concerns. Indicate whether a recommendation, suggestion, referral, and/or assessment (completed or in-progress) was made for any of the above by either a school or medical doctor:

--

5. Behaviour

Are there any issues or concerns regarding your child's behaviour?

Yes

No

If yes, please check all that apply:

<input type="checkbox"/>	Expulsion
<input type="checkbox"/>	Suspension
<input type="checkbox"/>	Disciplinary History (please disclose in detail below)
<input type="checkbox"/>	Attendance/Absenteeism
<input type="checkbox"/>	Difficulty remaining in class (half-days at school, reintegration plan, full or partial removal from class)
<input type="checkbox"/>	Difficulty fully integrating into the classroom environment
<input type="checkbox"/>	Prolonged absences (more than 15 days)
<input type="checkbox"/>	Alcohol, Drugs, Vaping

Please provide details of all behaviour issues or concerns. Indicate whether a recommendation, suggestion, referral, and/or assessment (completed or in-process) was made for any of these by either a school or medical doctor:

--

6. Academics

Are there any issues or concerns regarding your child's academics?

Yes

No

If yes, please check all that apply:

<input type="checkbox"/>	Second language exempt / has not previously taken a second language
<input type="checkbox"/>	My child receives regular programming
<input type="checkbox"/>	My child is on an adapted program
<input type="checkbox"/>	My child is on a <u>fully</u> or <u>partially modified</u> program (not working at grade level)
<input type="checkbox"/>	My child receives accommodations / classroom adaptations
<input type="checkbox"/>	My child has a Learning Support Plan (IEP / Accommodations Checklist)

Please provide details of all academic issues or concerns. Indicate whether a recommendation, suggestion, referral, and/or assessment (completed or in-process) was made for any of these by either a school or medical doctor:

--

7. History of Ministry Services and/or Outside Services Involvement

Has your child been involved with, either currently or previously, any of the government ministries listed below? (Answer "yes" if you have been referred and/or are awaiting services.)

Yes

No

If yes, please check all that apply:

What Year(s) or Ongoing?

<input type="checkbox"/>	Ministry of Child and Family Development (MCFD)	
<input type="checkbox"/>	Child and Youth Mental Health (CYMH) counselling services / other	
<input type="checkbox"/>	Child and Youth with Special Needs (CYSN)	
<input type="checkbox"/>	Counselling (private, through the ministry, or at The Foundry)	
<input type="checkbox"/>	Other (please specify):	
<input type="checkbox"/>	Community support programs/resources (provide details below)	
<input type="checkbox"/>	Occupational Therapy, Speech Language Therapy, In-School Counselling	

Please provide details of all involvement with ministry services. Indicate whether a recommendation, suggestion, referral, and/or assessment (completed or in-process) was made for any of these by either a school or medical doctor:

--

Parent/Guardian Code of Conduct

Immaculata's Code of Conduct exists to inform the school community of expected conduct based on the principles of respect for the rights and dignity of all persons and to promote a safe and respectful environment within the school community,

Parents are expected to (but not limited to):

1. Be examples of Catholic witness (those parents who are Catholic) by attending Sunday Mass with their children (proclaiming and building the Kingdom of God – see Family Statement of Commitment).
2. Be supportive of the mission of the Catholic Church and supportive of the religious education programs of the school.
3. Respect the decision-making of school administration and the Local School Council.
4. Respect the rights and dignity of all persons in the parish/school community at all times.
5. Not participate in or promote any behaviour that would threaten, intimidate, demean, verbally assault (use of abusive language) or cause harm to any person within the school community.
6. Not engage in any behaviour or communications, including through the use of any technology/media devices or social media, that defames the character or reputation or causes harm to the character of a parish/school community member.
7. Communicate with school staff in a polite and respectful manner, avoiding the use of threatening and demanding language.
8. Show an active interest in the child's school work and progress as well as attend required meetings (Sacramental meetings, Parent Support Evenings, student progress interviews/conferences, etc.).
9. Ensure their child attends school regularly, is on time and is prepared.
10. Work cooperatively with teachers in all areas of their child's school life including academic or disciplinary issues.
11. Be familiar with and abide by the School's codes of conduct, policies, and rules (i.e. uniforms, internet use, traffic safety on school grounds, etc.).
12. Take concerns to the appropriate person(s). Follow complaints and procedures as provided in [CISND policy 3010 – Formal Complaint and Concern Process](#).

Family Statement of Commitment

The three partners (home, school, parish) in Catholic education must work together to provide an environment where faith and learning go hand in hand leading young people to their fullest development. All parents/guardians are required to complete a Family Statement of Commitment upon application for their child(ren).

1. Parents/guardians agree that they and their families will demonstrate a respectful and sympathetic sensitivity to the aims and nature of the school and to the Roman Catholic beliefs and practices of the school.
2. All students are required to attend and participate in our religious education curricular and co-curricular programs, including liturgical celebrations, retreats, prayers, etc.
3. Parents/guardians are expected to support the teaching on faith and morals in the religious education program.
4. Regular school attendance and full participation in all aspects of the academic program of the school are required of every student. Each student is expected to strive toward the development of his/her full potential.
5. Each family is expected to support and participate in the fundraising activities of the school.
6. Each student is expected to know and follow school policies on behaviour.
7. Parents/guardians are expected to know and support school policies and procedures.
8. Parents/guardians agree to accept the responsibility for the cost of tuition, supplies, and other school activities unless alternate arrangements have been made through the school principal.
9. If applicable (see Schedule A below), each parent/guardian agrees to:
 - a. Provide the school with complete and updated versions of any orders or agreements
 - i. Affecting, restricting, or prohibiting a parent/guardian's ability to access the school or a student attending the school; or
 - ii. Impacting a parent/guardian's authority over decision-making in relation to a student's education

Such updates to these orders or agreements are to be given to the school as they occur.
 - b. Minimize and avoid any disruption to the School associated with the implementation of those orders or agreements; and
 - c. Comply with the terms of any orders or agreements.

Failure by a parent/guardian to comply with these regulations or the Parent/Guardian Code of Conduct may result in the family being removed from the school.

By typing my name below I acknowledge that I have read and understand the above expectations and commitments and hereby accept them as stated.

 Name of Parent/Guardian

 Parent/Guardian Signature

 Date

Schedule A

To be completed by families with court orders or agreements in place

I (we), _____, parent(s)/guardian(s) of

confirm that there is an order or agreement (check as appropriate):

affecting, restricting, or prohibiting a parent/guardian's ability to access the school or a student.

impacting a parent/guardian's authority over decision making in relation to a student's education.

Other, please provide details with respect to the order:

I (we) also confirm that:

I (we) have provided the school with complete versions of all orders.

I (we) have provided the school with complete versions of all applicable agreements.

I (we) have provided the school with complete versions of all updates to these orders and agreements.

I (we) agree to provide the school with any new updates to these orders and agreements as they are determined and to follow up with the documents as they are made available.

I (we) agree to comply with the terms of any orders or agreements.

I (we) agree to minimize and avoid any disruption to the school associated with the implementation of those orders or agreements.

Name of Parent/Guardian

Parent/Guardian Signature

Date

Name of Parent/Guardian

Parent/Guardian Signature

Date

Status of Parent/Guardian

Admission to Canada and Residency (Form A)

(If parents are deceased, use Form B on the next page)

To be completed and signed by a parent or legal (court-appointed) guardian.
(If legal guardian, attach copy of court order appointing you as legal guardian.)

(Lawfully Admitted into Canada)

1. I am (please check appropriate box):

A Canadian citizen (if not born in Canada, please attach photocopy of citizenship paper/card)

A Permanent Resident (landed immigrant) (attach photocopy of landed immigrant status paper or PR card)

Lawfully admitted into Canada under the Immigration and Refugee Protection Act (Canada) with one of the following documents (please mark the appropriate box below and attach photocopy of document):

Admission as a refugee or refugee claimant

Valid student permit for two or more years (or issued for one year but anticipated to be renewed for one or more additional years)

Valid employment authorization (work permit) for two or more years (or issued for one year but anticipated to be renewed for one or more additional years)

A person carrying out official duties under the authority of the Visiting Forces Act or as an accredited diplomatic agent, preclearance officer, consular official or official representative in Canada of a foreign government with a consular post in British Columbia

Other - Document description:

(Must be cleared with Citizenship and Immigration Canada)

(Residency in British Columbia)

2. I am a resident of British Columbia (please check appropriate box):

Yes Residency Address: _____

No, I am not a resident of British Columbia.

3. Parent's/Legal Guardian's Name: _____

Parent's/Legal Guardian's Signature: _____

Date: _____

Status of Deceased Parent

Admission to Canada and Residency (Form B)

To be completed and signed by the student or a knowledgeable adult (one who knew the student's parent(s) and has knowledge of the facts respecting their decease and the matters set out in this document).

(Deceased parent was Lawfully Admitted into Canada)

1. The student's deceased parent was at time of death:

A Canadian citizen

A Permanent Resident (landed immigrant)

(Deceased parent was Resident in British Columbia)

2. The student's deceased parent was at time of death a resident British Columbia:

Yes Residency Address: _____

No, not a resident of British Columbia.

Confirming signature:

Student: _____

Knowledgeable Adult's Name: _____

Knowledgeable Adult's Signature: _____

Date: _____

Personal Information Privacy Policy

Used by Independent Schools for parents and students as they pertain to the PIPA legislation.

Name of Parent/Guardian: _____

I consent to having **Immaculata Regional High School** collect personal information that may include student identification information, birth certificate, legal guardianship, court orders if applicable, parents' work numbers and e-mail address, behavioural, academic and health information, most recent report card, emergency contact name and number, doctor's name and number, health insurance number and any similar information needed for registration.

I further consent to the use and disclosure of information contained in this package and otherwise collected by or on behalf of **Immaculata Regional High School** (1) for the purpose of establishing, maintaining, and terminating the student's or parent's relationship with **Immaculata Regional High School**, (2) for additional purposes identified when or before personal information is collected, and (3) as otherwise provided in **The Diocese of Nelson's** Personal Information Privacy Policy (policy 5011), a copy of which is available on request. I also consent to the collection, use and disclosure of such personal information by and to agents, contractors, and service providers of the **Catholic Independent Schools, Nelson Diocese (CISND)** and any approved agents of the **Diocese of Nelson**.

*This information is required in order to register your child at this school and assist the school authority in making an informed decision as to your child's suitability and appropriate placement in the school. It will also allow the school to respond immediately to an emergency. For more information, the privacy officer for **Immaculata Regional High School** is the **school principal** and may be reached at (250) 762-2730.*

Signature: _____

Date: _____

It is the tradition in the school to allow staff, parents, and media to photograph individual students and groups of students for promotional material, to commemorate events, and to promote various educational, sports, and cultural events taking place in the school. While these add to the community life of the school, they are not required for educational purposes. Students' names, photographs and comments may be published in the school newsletter, school reports, or in the news media.

I permit the publication of my child's name, photograph, and comments for the purposes consistent with the above.

Signature: _____

Date: _____

Continued on next page...

The school prepares class phone lists at each grade level to be used by school personnel for various school purposes. We sometimes have parents involved in phoning to fan out information for school purposes.

I consent to our address and phone number being on the school phone lists.

Signature: _____ Date: _____

Parent Personal Information

I acknowledge that my vehicle insurance information and driving record are required by the school to protect against third party liability claims in case of an accident, should I use my vehicle to drive for the school. I understand that this information will only be released in the event of an accident.

Signature: _____ Date: _____

Release and Storage of Parent Personal Information

Immaculata Regional High School acknowledges that there will be no disclosure of personal information to unauthorized personnel or third parties who are not directly involved in school management or the care, supervision, and instruction of your child at this school, unless written authorization from a parent or legal guardian is provided to the school. The school will securely store all digital and hard copies of parent and student personal information.

Signature: _____

Mr. R. Plaxton, Principal
Phone: (250) 762-2730

2024-25 Student Reservation Agreement

RESERVATION TERMS AND OBLIGATIONS

Students will be officially registered only upon ❶ receipt of this form, ❷ payment of the non-refundable capital building fee (\$200), ❸ payment of the first month's tuition, plus ❹ \$250 (per family) parent participation fee (PPF) and, ❺ if applicable, the *Practising Catholic Tuition Rate Request* form. No places will be reserved for students whose forms and fees are not received by the deadline of **March 15, 2024**.

Tuition is due monthly, with payment by direct withdrawal from your bank account on the 6th of each month, July payment (for September) and October - June. The first month of tuition is non-refundable for all families. Please Note: If the student withdraws after the July 6 payment, the tuition prepayment will be forfeited. Anyone prepaying tuitions and receiving a charitable donation receipt is not eligible for any tuition refund if they withdraw their child(ren) after the charitable donation receipt has been issued (at tax time).

PARENT PARTICIPATION FEE *payment included with registration* *auto-withdraw on August 6*

All parents/guardians are required to contribute at least twenty (20) hours per year per family of service time in school activities and/or projects. The parent participation fee of \$250 is refundable after all volunteer hours have been completed; alternatively, an income tax receipt will be given for those donating the fee to the school and for fees unclaimed by December 31st of the year following payment. The PPF is not eligible for assistance and is non-refundable after September 15. The onus is on families to seek opportunities to volunteer, not on the school to contact families. If a family has children enrolled in more than one school, each school's fee (and required hours) is reduced proportionately. (e.g., half if there are students in two schools.) Hours and fee pro-rated to half if attending second semester only.

CAPITAL BUILDING FEE *payment included with registration* *auto-withdraw w/next month's tuition*

All families are required to contribute to the capital building fund. This \$200 fee is part of the IRHS Council's long-term plan to ensure growth and sustainability at Immaculata Regional High School. The CBF is essential to securing the school's future and is non-refundable and not eligible for assistance.

I/We agree to pay the tuition fees (please check one):

Monthly – First month's tuition fee will be withdrawn by pre-authorized debit on July 6 and the \$250 parent participation fee on August 6. Direct withdrawal of tuition on the 6th of each month will follow October to June. Please complete the form on the following page and attach a VOID cheque if applicable.

Annually (whole year's tuition in advance) – First month's tuition fee is payable by July 6. The \$250 parent participation fee is payable by August 6. The balance of tuition (October to June) and is due on or before September 15. ***Please provide cheques post-dated to July 6, August 6 and September 15 with registration.***

IRHS Student Name _____	Grade (2024-25) _____	<i>This area for office use only</i>																							
IRHS Student Name _____	Grade (2024-25) _____	Early	Catholic																						
IRHS Student Name _____	Grade (2024-25) _____	Regular	Regular																						
IRHS Student Name _____	Grade (2024-25) _____	<table border="1"> <tr> <td>_____</td> <td>CBF</td> <td>-</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>PrPd</td> <td>-</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>PPF</td> <td>-</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>Sept</td> <td>-</td> <td>_____</td> <td>_____</td> </tr> </table>				_____	CBF	-	_____	_____	_____	PrPd	-	_____	_____	_____	PPF	-	_____	_____	_____	Sept	-	_____	_____
_____	CBF	-	_____	_____																					
_____	PrPd	-	_____	_____																					
_____	PPF	-	_____	_____																					
_____	Sept	-	_____	_____																					

Will you have children registered at St. Joseph Elementary for 2024-25? Yes No Number registered: _____

Will you have children registered at Our Lady of Lourdes for 2024-25? Yes No Number registered: _____

As parents/guardians we acknowledge we are responsible for the payment of all tuition fees, incidentals, and student fees (more information about student fees can be found on our website under the Admissions tab). We understand and accept the above terms and obligations.

Parent/Guardian Signature: _____ **Date:** _____

Pre-Authorized Debit Agreement

Immaculata Regional High School, 1493 KLO Road, Kelowna BC V1W 3N8 Phone: (250) 762-2730

Payor (Parent) Name: _____

Account Information

My account information is the same as the previous school year. (Void cheque not necessary.)

New authorization. My account information is not on file.

My account information has changed.

**To avoid errors in transcription, please attach a void cheque here or
a document from your financial institution showing your account's
Branch/Transit #, Financial Institution #, and Account #**

Pre-Authorized Debit Details

I, the Payor, authorize *Immaculata Regional High School* and the financial institution designated (or any other financial institution I may authorize at any time) to begin deductions as per my instructions for tuition payments and/or any other outstanding amounts due from time to time. I understand that the *Roman Catholic Bishop of Nelson* will administer this PAD Agreement. These services are for personal use.

From the commencement of academic studies until graduation or withdrawal, regular monthly payments for the full amount of tuition expenses will be debited to (i.e., withdrawn from) my specified account on or about the 6th day of the months of July and October to June. The parent participation fee will be debited August 6. The capital building fee will be debited April 6.

I may revoke my authorization at any time subject to providing at least 30 days written notice. To obtain a sample cancellation form or more information on my right to cancel a PAD agreement, I will contact my financial institution or visit www.payments.ca.

Signature

Signature of Account Holder:

Name (print): _____

Date: _____

Signature of Joint Account Holder (if applicable):

Name (print): _____

Date: _____

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on the Payor's recourse rights, I may contact my financial institution or visit www.payments.ca.

Practising Catholic Tuition Rate Request

If you meet the requirements as outlined in the practising Catholic rate criteria, complete this form and return it to the school. In doing so, you are affirming that your family is a contributing member of a Catholic parish and qualify for the reduced Catholic tuition rate. Please note that the Catholic rate is available to primary caregivers of the child(ren) only.

Name of Catholic Church at which you have been parishioners for at least the last three months:		
Collection envelope number:		
Do you attend Sunday Mass weekly?	YES	NO
Do you contribute financially to the work of the parish?	YES	NO
In what parish ministries and/or parish groups are you involved?		

We, the parents/guardians, are practising Catholics and we request the Catholic tuition rate for this year.

Name of Parent/Guardian

Parent/Guardian Signature

Date

As the parish priest of the above-named parish, I can verify that the above parent/guardian is a regular and contributing member of my parish. *(If a form with a priest's signature is already on file at Immaculata, write "On File" in lieu of a priest's signature.)*

Priest Name

Priest Signature

NOTE: Should you not qualify at this time please disregard this form. You may contact the school to request the practising Catholic tuition rate if your situation changes.

Contract for Acceptable Use of Cell Phones and Internet at Immaculata Regional High School

Introduction

Immaculata Regional High School (IRHS) provides to its students and faculty a school wide local area network of hardware, software, and services. This document forms an agreement between IRHS and all users of IRHS's network. Signing this document indicates that you agree to abide by the rules and guidelines listed here. If there are items here that you don't understand or agree with you must discuss it with the principal before signing this form and using the school network. Once you have signed, you will be held responsible for your use of the network.

Cell Phones*

Immaculata Regional High School acknowledges the importance of communication between students and parents, particularly regarding emergency situations. Further, IRHS recognizes that instructional time is precious and school time must be protected from unnecessary disruptions. Do not phone or text your child during class times.

Students *may* be permitted to have in their possession-provided a *Contract for Acceptable Use* is signed- a cell phone on campus during the school day, while attending school-sponsored activities, or while under the supervision and direction of IRHS faculty. Students *may* be allowed to possess and use cell phones in conjunction with being in school under the following parameters:

- At any time during school activity, school faculty may give specific direction regarding student use or non-use of a cell phone with which the student is expected to comply.
- Cell phones are to be used as **instructional tools**, using them during class for any other reason may result in a loss of cell phone privileges.
- During times of testing and other student evaluations, teachers may request that students remove their cell phone from their possession, either by returning to a locker or placing it in a designated place in the classrooms, reducing the possibility of compromised test security.
- School masses, fire drills, lock downs, assemblies, or other school evacuations are considered cell phone blackout times. During such contingencies, there is to be **absolutely NO cell phone usage**.
- Students are expected to exhibit good *digital citizenship* and follow common sense practices when using their cell phones (self-control, balance between digital and non-digital media, an awareness of their digital footprint, etc).
- Students may not use their phone's camera to take pictures of others without expressed consent.
- Students are to understand that a cell phone will not be needed in every class every day. There is to be **no complaining** if a teacher indicates that cell phones won't be used during a lesson.
- Cell phones are NOT to be used as MP3 players during class time (unless specifically given permission by the teacher). **The school is not responsible for content loaded on a student's phone.**

* For the purpose of this agreement, the term "cell phone" includes all personal electronic devices.

- The student acknowledges that the use of a cell phone during instructional time at IRHS is a privilege, not a right. As such, the privilege may be revoked at any time.
- Students are not to use IRHS's technological resources or their cell phones in a manner which is harassing to others (cyber-bullying). This includes posting images or email messages which intentionally cause discomfort to others. Displaying images, sounds, or messages on a computer in a public area or on any equipment which is part of the network (and hence the property of Immaculata Regional High School) which causes discomfort to others who share that area is also prohibited. Users should assume that their electronic correspondence is the legal equivalent of publicly spoken or written words. This also applies to privately owned computers (laptops) using the IRHS network.

Acceptable uses of cell phones may include (but not limited to):

- Calculator (graphing or other downloadable app)
- Dictionary/thesaurus (several free apps)
- eReader (bible, books from the public library, etc.)
- Online research

To facilitate the use of cell phones as tools, IRHS has installed a secure WIFI access point for student usage. Only those students who have signed this *Contract for Acceptable Use* will be permitted to use IRHS's WIFI.

Consequences of Violating this Contract:

First Offense

Cell phone confiscated by a faculty member, possibly for the duration of the day. The faculty member may ban the cell phone from his or her class permanently. The incident is documented by the faculty member.

Second Offense

Phone is sent to the office. **The phone will not be returned until a parent is contacted.** The incident is recorded by the principal; a pattern of behaviour is noted.

Third Offense

Cell phone is confiscated and **a parent must pick up the cell phone during school hours.** The cell phone **will not be returned to the student.** Additionally, the student loses the right to have a phone on campus. The incident is recorded by the principal; a pattern of behaviour is noted.

Fourth Offense

A clear pattern of disrespectful behaviour has been established. **The student may be suspended from school.**

Contract

I understand and will abide by the above *Contract for Acceptable Use*. I further understand that any violation of these guidelines may result in a cancellation of privileges and lead to disciplinary action.

User's Full Name	Cell Number	Grade
User Signature	No cell phone. Student uses other personal electronic device.	Date

User's Full Name	Cell Number	Grade
User Signature	No cell phone. Student uses other personal electronic device.	Date

User's Full Name	Cell Number	Grade
User Signature	No cell phone. Student uses other personal electronic device.	Date

Parent Consent

I have read The Immaculata Regional High School *Contract for Acceptable Use*. I realize that students, when using cell phones, may read or see material that I might consider controversial or offensive. IRHS has my permission to allow my child access to his/her cell phone in accordance with the conditions and practices stated above to the extent that I have chosen below. I understand that my child may have access as long as he/she is a student at IRHS and obeys the rules and procedures described in the *Contract for Acceptable Use*.

I also understand that if my child/ward abuses the privilege of cell phone use at IRHS, the cell phone may be confiscated and I may be required to go to the school to pick up the phone.

I wish the school to give my child access to IRHS's WIFI network and his/her cell phone in accordance with the conditions and practices stated above.

Name of Parent/Guardian Parent/Guardian Signature Date

For Students Without Digital Devices

I understand that my child(ren) _____ may access other students' devices here at the school. Furthermore I understand that my child is to follow the expectations set by IRHS when using someone else's device.

Parent/Guardian signature: _____

Google Apps For Education Consent Form

Immaculata Regional High School allows teachers and students access to Google Apps for Education (GAFE); this includes Google Classrooms. GAFE consists of online collaboration and productivity tools, as well as file storage space, specifically intended for educational purposes.

Using the GAFE platform involves the storing and accessing of two types of personal information:

- Student name, grade level, and school name
- Content created in and/or uploaded to the GAFE platform by your child. Content will typically take the form of assigned projects, presentations, documents, multimedia, and calendar entries created by your child or other students (e.g. students working together on group projects). This content may contain personal student information reasonable for education purposes (for example, student names on written assignments).

Note: Information will be stored on secured Google servers located outside of Canada. While stored outside the country, information in your child's GAFE account may be subject to the laws of foreign jurisdictions including, in the United States, the USA Patriot Act. Privacy legislation requires that we inform you of this and obtain your consent to this arrangement.

Consent:

I understand that my child's information in the Google Apps for Education Account will be disclosed, stored, and accessed from outside of Canada, specifically the United States, for the purposes outlined above. This consent will be considered valid from the date at which this form has been signed. Consent and access can be revoked at any time by parent/guardian request.

One document per child.

Student's First Name

Student's Last Name

Student's email address

Student's Signature

Date

Parent's/Guardian's Name

Parent's/Guardian's Signature

Date

THE PARENT SUPPORT GROUP

The Parent Support Group (PSG) is an active group of parent volunteers who work with school administration to enhance the community of Immaculata Regional High School. We meet monthly to provide input and support to school initiatives and are a valued and essential stakeholder. Please join us and get involved in the many initiatives we run annually! Not only will you be helping to share the work, you will also be meeting other school parents and supporting your child(ren)'s education.



If you are considering volunteering with the PSG, please take a moment and look over the following list. Select the area(s) you are interested in and return it this form with your child's registration package. Only one form per family needs to be completed.

Thank you for your commitment to our school and our children's education!

Sincerely,

The Immaculata PSG

Name: _____ Phone: _____

E-mail: _____

I wish to be involved in the following area (s):

PSG Executive (automatically provides 15 parent participation hours)

_____ President

_____ Vice President

_____ Secretary

_____ Treasurer

_____ Social

_____ Fundraising

_____ School Council Rep.

Events throughout the year:

_____ Misc. PSG Fundraisers

_____ Grade Show Fundraiser

_____ Hot Lunch program

_____ Other _____

Thank
you!

Thank you!

Thank you for using Immaculata's fillable PDF registration form!

We would like to hear your thoughts. Did you encounter any technical difficulties while completing the form? If yes, please describe your experience below. Also, please provide comments on how to improve this form.