

## Student Admission Application

### STUDENT INFORMATION

Student's Legal Name (as it appears on the birth certificate)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
LAST FIRST MIDDLE

Student's USED Name (only if different than above): \_\_\_\_\_ Gender: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Grade Applied for: \_\_\_\_\_ Admission Date Requested: \_\_\_\_\_

Age: \_\_\_\_ Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Language Spoken at Home: \_\_\_\_\_  
Day / Month / Year

Religion: \_\_\_\_\_ Aboriginal Ancestry? ☐ Yes ☐ No Band Name and Number: \_\_\_\_\_

If Catholic: Year of Baptism: \_\_\_\_\_ Year of 1<sup>st</sup> Communion: \_\_\_\_\_ Year of Confirmation: \_\_\_\_\_

### MOTHER'S INFORMATION

Full Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to Student: ☐ Birth ☐ Adoptive ☐ Step ☐ Foster ☐ Guardian ☐ Ministry

Employer/Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### FATHER'S INFORMATION

Full Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to Student: ☐ Birth ☐ Adoptive ☐ Step ☐ Foster ☐ Guardian ☐ Ministry

Employer/Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Alternate Person to Contact in an Emergency: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Student's BC Medical Services Plan Card # \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone Number: \_\_\_\_\_

Has your child been immunized? ☐ Yes ☐ No

### FOR KINDERGARTEN REGISTRATION

Attended Preschool ☐ Yes ☐ No Attended Daycare ☐ Yes ☐ No Attended Strong Start ☐ Yes ☐ No

Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code: \_\_\_\_\_

School Phone: \_\_\_\_\_ School Fax: \_\_\_\_\_ Email: \_\_\_\_\_

I/we, hereby, certify that the above information is correct. I/we, \_\_\_\_\_, hereby agree to support the school rules and regulations as long as my child remains a student in St. Joseph Catholic School.

**X** \_\_\_\_\_  
Parent/Legal Guardian Signature

**X** \_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

## FAMILY INFORMATION

Please list the names and birthdates of all **other** children in your family if they are not yet registered at our school:

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

## STUDENT TRANSPORTATION

How will your child arrive at school most often? Leave after school most often? Please X any that may apply:

☐ Vehicle with parent/guardian or parent/guardian arranged person

☐ Walk/or ride bicycle

☐ City bus

☐ The Clubhouse Child Care

## \*ONLY COMPLETE THIS SECTION IN CASE OF SEPARATION, DIVORCE OR ADDITIONAL GUARDIANSHIP

Please provide separate copies of school communications (i.e. newsletters, report cards, etc.) ☐ Yes ☐ No

LEGAL GUARDIANSHIP of this child is awarded to: ☐ Mother ☐ Father ☐ Other

Name (s): \_\_\_\_\_ and \_\_\_\_\_

Is there a **court order** regarding custody? ☐ Yes ☐ No If 'Yes', please provide a copy for the office.

## STUDENT SUPPORT

Has your child been assessed, waiting for an assessment or recommended to have an assessment? ☐ Yes ☐ No  
Including: Psycho-educational, Behavioural, Counseling, Occupational Therapy, Physical Therapy, Speech Language Pathology, etc.

If 'Yes', please **include a copy** of the most recent **Psych Ed** assessments and/or **LP/IEP/Behavioural Plan**

Please X any that may apply to your child:

☐ ADHD/ADD ☐ ASD ☐ Anxiety ☐ Depression ☐ ELL ☐ Learning Assistance

Does this student require additional supports? ☐ Yes ☐ No If yes, ☐ Behaviour intervention plan ☐ Safety plan

Does your child receive any grants or funding from the government? ☐ Yes ☐ No

## RELEASE OF IMMUNIZATION RECORDS CONSENT

Are your child's records at the local Health Unit? ☐ Yes ☐ No If yes, please attach a copy of immunization record.

If records are at your Doctor's office or Health Unit (not local), please provide contact information below:

Name of Health Unit or Doctor: \_\_\_\_\_ Address: \_\_\_\_\_

☐ I authorize **St. Joseph Catholic School** to receive immunization records from the indicated doctor or health unit.

## FIELD TRIP CONSENT

☐ I consent to allowing my child to participate in the **local field trips** planned for him/her while attending **St. Joseph Catholic School**. Please see School Handbook for more detailed information regarding field trips.

☐ I understand that all the requirements of the **School Code of Conduct** will apply while students are on field trips and that any field trip will be planned according to the directives of the Catholic Independent Schools of the Nelson Diocese (CISND).

## CONSENTING SIGNATURE

\_\_\_\_\_  
Parent/Legal Guardian (please print)

X

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

## PRIVACY OF PERSONAL INFORMATION CONSENT

I consent to having **St. Joseph Catholic 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 form and otherwise collected by or on behalf of **St. Joseph Catholic School** (1) for the purpose of establishing, maintaining, and terminating the student's or parent's relationship with **St. Joseph Catholic School**, (2) for additional purposes identified when or before personal information is collected, and (3) as otherwise provided in **St. Joseph Catholic School's** Personal Information Privacy Policy, 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, service providers and Catholic parishes associated with **St. Joseph Catholic School**.

*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 St. Joseph Catholic School is the school principal and may be reached at 763-3371 ext 207.*

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 on 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: \_\_\_\_\_

The school includes a class list in the family phone directory. I consent to having my child's name and child's grade listed in the school family directory.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**St. Joseph Catholic 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 copy parent and student personal information.

Signature: \_\_\_\_\_ (Name of School Privacy Officer)  
**Principal**

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

### LEGAL RESIDENCY OF PARENT

**I am** (please X one):

- ☐ A Canadian citizen (if not born in Canada, please attach photocopy of citizenship)
- ☐ A landed immigrant
- ☐ Lawfully admitted to Canada under one of the following documents (please mark the appropriate space below and attach photocopy of document):
  - ☐ Admission as a refugee claimant
  - ☐ A person claiming refugee status who has a letter of no objection
  - ☐ Student authorization (student visa) for two or more years (or issued for one year but anticipated to be renewed for one or more additional years)
  - ☐ Employment authorization (working 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 as a diplomatic or consular official (with a foreign representative acceptance counter foil in his/her passport)
  - ☐ Other: Document description: (must be cleared with Immigration Canada)

### RESIDENCY IN BRITISH COLUMBIA

**I am a resident of British Columbia** (please X one):

☐ YES : Residency Address(required):

☐ NO, I am not a resident of British Columbia

_____	<b>X</b>	_____	_____
Parent/Legal Guardian (please print)		Parent/Legal Guardian Signature	Date

### RESIDENCY OF PARENTS (ONLY if Deceased)

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

- ☐ The student's deceased parent was at time of death:
  - ☐ A Canadian citizen
  - ☐ A landed immigrant
- ☐ The student's deceased parent was at the time of death
  - ☐ Yes, a resident of British Columbia  
Residency Address (required):  
\_\_\_\_\_
  - ☐ No, not a resident of British Columbia

_____	<b>X</b>	_____	_____
Knowledgeable adult name (please print)		Signature of knowledgeable adult	Date

## MEDICAL INFORMATION

Student Name: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

\_\_\_\_\_  
Parent/Legal Guardian Name (please print)

**X** \_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

☐ **My child has no conditions**

1. My child has a: (see list of these conditions below)

\_\_\_\_\_ **emergency condition**

The name of the condition is:

\_\_\_\_\_

\_\_\_\_\_ **non-emergency condition**

### Emergency Conditions

- ☐ Diabetes
- ☐ Epilepsy
- ☐ Heart Disease
- ☐ Hemophilia
- ☐ Seizure (medication)

Severe Allergies to \_\_\_\_\_

Causing symptoms such as:

- ☐ Fainting/loss of consciousness
- ☐ Hives
- ☐ Difficulty breathing
- ☐ Swelling (esp. eyes, lips, face & tongue)
- ☐ Throat tightness/closing

Specify others \_\_\_\_\_

\_\_\_\_\_

Severe Asthma causing:

- ☐ Extreme difficulty breathing
- ☐ Uncontrollable coughing
- ☐ Wheezing not relieved with medication

### Non-Emergency Conditions

- ☐ Mild Allergies (controlled with medication)
- ☐ Eating disorder (e.g. Anorexia)
- ☐ Mild Asthma (controlled with medication)
- ☐ Cancer
- ☐ Depression (treated with medication)
- ☐ Dyslexia
- ☐ Migraine Headache
- ☐ Narcolepsy
- ☐ Medication allergy (e.g. to Antibiotics)
- ☐ Lupus
- ☐ Schizophrenia
- ☐ Aggressive condition
- ☐ Hyperactive condition (with medication)
- ☐ Attention condition (treated with medication)
- ☐ Visually impaired (e.g. color blind/deficient, vision)
- ☐ Hearing impaired

Specify others \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**If an emergency condition exists please complete #2 in detail.**

**If a non-emergency condition exists please move to #3.**

2. **Emergency Condition ( must be completed if emergency condition exists)**

a) Symptoms to watch for:

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b) Precautions in the classroom

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c) Emergency plan staff must follow (step by step):

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_
- 7) \_\_\_\_\_

3. Does your child take medication? (must be completed if **non-emergency** condition exists)

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, the name of the medication is \_\_\_\_\_

4. Does your child administer it themselves? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, how often, how much, when is staff to administer the medication?

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A "Request for Administration of Medication at School" form **must** be completed if staff are required to administer the medication. This form **must** be completed **every** September. A new form **must** be completed any time medication changes are made.

Other medical information you feel the school should be aware of:

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# Student Reservation Agreement

As parents/guardians we are responsible for the payment of all tuition fees and incidentals. We understand and accept the following terms and obligations: **Students will be officially registered only upon receipt of this form, the student application, the payment of the parent participation fee of \$250.00 (per family), and payment of the first month's tuition.** New families to Kelowna must provide a letter of reference from the pastor at their last parish.

## PAYMENT OF FEES

Tuition is due monthly, with payment by direct withdrawal from your bank account on the 6<sup>th</sup> of each month from October to June. **The first month of tuition is non-refundable for all families.** Alternatively, the entire tuition for the year can be prepaid by September 15<sup>th</sup>. **Anyone prepaying tuition in full 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. (Tax time)**

The parents or guardians of families who are new to the school must prepay the first month's tuition fees as well as the parent participation fees at the time reservation forms are signed. If the student withdraws before commencement of school, the September tuition prepayment will be forfeited.

## PARENT PARTICIPATION

All parents or guardians are required to contribute a set amount of participation hours \*\* (20 hours) per year per family of service time in school activities and/or projects. The parent participation fee (\$250.00) is refundable after participation hours have been met; alternatively, an income tax receipt will be given for those donating the fee to the school and for fees unclaimed by December 31<sup>st</sup> of the year following payment.

\*Please note that if you have children in both Immaculata Regional High School (IRHS) and St. Joseph School, the parent participation fee is \$250.00 in total (\$125.00/school).

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

☐ **First month's tuition plus parent participation fee due upon registration** by E-transfer or cheque

☐ **Monthly** pre-authorized direct withdrawals on the **6<sup>th</sup> of each month** from October to June  
**(Please complete the form on the following page and attach a VOID cheque or provide banking information).**

**OR**

☐ **Annually** complete school year's tuition in advance. Cheque for first month's tuition plus parent participation fee due upon registration. Cheque for the remainder of tuition no later than September 15<sup>th</sup>

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Grade 2024/2025

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Grade 2024/2025

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Grade 2024/2025

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Grade 2024/2025

**Do you have children registered at Immaculata High School?** ☐ Yes ☐ No

**If yes, number registered:** \_\_\_\_\_

## CONSENTING SIGNATURE

\_\_\_\_\_  
Parent/Legal Guardian (please print)

**X**

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

# Pre-Authorized Debit Agreement for 2024/25

**Payor Name:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
FIRST MIDDLE LAST

**Address:** Street: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

(Please be accurate for tax purposes)

## ACCOUNT INFORMATION

**Attach void cheque here**

## PRE-AUTHORIZED DEBIT DETAILS

I, the payor, authorize *St. Joseph Catholic 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. These services are for personal use.

I understand that the *Roman Catholic Bishop of Nelson* will administer this PAD Agreement.

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 6<sup>th</sup> day of the months of July 2024 (returning families only) and October 2024 to June 2025. The parent participation fee of either \$250 or \$125 (returning families only) will be debited August 6<sup>th</sup>, 2024. Class Fees (amount to be set in June) will be debited September 6<sup>th</sup>, 2024.

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.cdnpay.ca](http://www.cdnpay.ca).

## SIGNATURES

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.cdnpay.ca](http://www.cdnpay.ca).



# Practicing Catholic Tuition Rate Request

If you meet the requirements as outlined in the practicing Catholic rate criteria, complete this form and return it to the school. In doing so, you are affirming that you are a practicing Catholic family and qualify for the parish-subsidized Catholic tuition rate.

**Financial support from the parishes to help children receive a Catholic education is taken directly from Sunday collections.**

**By answering "YES" to the following statements we are requesting the practicing Catholic tuition rate.**

We have been registered parish members at \_\_\_\_\_ Catholic Church for at least the last three months.

**\*If you have recently moved to Kelowna, please provide a letter of reference from your current pastor.**

Our collection envelope number is \_\_\_\_\_

We attend Sunday Mass weekly.    ☐ YES            ☐ NO

We contribute financially for the work of the parish.    ☐ YES            ☐ NO

We are involved in the following parish ministries and/or parish groups:

_____	_____	_____
_____	_____	_____

☐ Baptismal information already on file at St. Joseph School, Kelowna

**OR**

Our child(ren) were baptized accordingly:

Child's Name	Church's Name	City	Date

I/we, the parent(s)/guardian(s), are practicing Catholics and I/we request the Catholic tuition rate for this year.

## CONSENTING SIGNATURE

_____	<b>X</b> _____	_____
Parent/Legal Guardian (please print)	Parent/Legal Guardian Signature	Date

### NOTE:

**Should you not qualify at this time please disregard this form.**

**You may contact the school to request the practicing Catholic tuition rate if your situation changes.**





## Family Statement of Commitment

1. Parents and 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 and 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 fund-raising activities of the school.
6. Each student is expected to know and follow school policies on behaviour.
7. Parents and Guardians are expected to know and support school policies and procedures.  
<https://www.cisnd.ca/policy-manual.php>
8. Parents and 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.

Failure by a parent/guardian to comply with these regulations or the Parent/Guardian Code of Conduct (Policy 3020) may result in the family being removed from the school.

I have read and understand the above expectation and commitments and I hereby accept them as stated.

**Parent/Guardian** \_\_\_\_\_  
Name (please print)

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Parent/Guardian** \_\_\_\_\_  
Name (please print)

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_