

CATHOLIC INDEPENDENT SCHOOLS NELSON DIOCESE

"Communities of Faith, Knowledge, and Service"

APPLICATION PACKAGE

250-762-2905

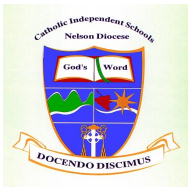
www.cisnd.ca

Checklist for Completing Registration

- Completed application form
- Immunization History/Record
- School Health forms
- School Learning Needs Form
- Legal Residency of Parent Form A or B
- PIPA Legislation Form
- Disclosure of Personal Information Consent Form
- Field Trip Consent Form
- Car Seat/Booster Seat Regulations and Form
- Practicing Catholic Tuition Rate Request Form
- Volunteer Registration Form
- Payor's Authorization for Pre-Authorized Debit Form
- Donation Form
- Recent Report Card
- Copy of Student's Care Card
- Copy of Student's Birth Certificate Copy of Parent's Birth Certificate
- Copy of Parent's Driver's license
- Copy of Parent's Citizen form Copy of Landed Immigrant status
- Copy of Baptismal certificate: Catholic Non Catholic Church: _____
- Copy of Communion certificate: Catholic Non Catholic Church: _____

Fees to Accompany Registration:

- \$25.00 Registration Fee (due at registration)
- \$60 Student Activity Fee (due at registration)
- First Month's Tuition (due at registration)
- \$200 Parent Participation Fee (due by September 15, 2020)



CATHOLIC INDEPENDENT
SCHOOLS NELSON DISOCESE

SCHOOL APPLYING FOR:

- Holy Cross Elementary, Penticton
- Our Lady of Lourdes Elementary, West Kelowna
- St. Joseph Elementary, Kelowna
- Immaculata Regional High School, Kelowna
- St. Joseph, Nelson
- St. Mary's Elementary, Cranbrook
- St. Michael's Elementary, Trail

For Office Use Only:

Date Received: _____

Interview Date: _____

Accepted Yes No

Date: _____

Principal's Signature:

Student's Legal Name: _____
Surname Given Name(s)

Gender: M F

Date of Birth: _____ Birthplace: _____
Month/Date/Year

Street Address: _____

Mailing Address: _____ Postal Code: _____

Care Card Number: _____

Applying to enter: Grade: _____ Year: _____

Previous School Attended _____

Address of Previous School _____

Canadian Citizen Landed Immigrant on Student Visa

Aboriginal Ancestry (Yes/No) _____ Band Name and Number: _____

Primary language spoken at home _____

Baptism Date _____ First Communion Date _____
Religion _____

Father's Information

Name: _____

Address (if different from above): _____

Home Number: _____ Cell Phone Number: _____

Email address (if different from above) _____

Faith Affiliation: _____ Parish: _____

Occupation _____ Work Number: _____

Mother's Information

Name: _____

Address (if different from above): _____

Home Number: _____ Cell Phone Number: _____

Email address (if different from above) _____

Faith Affiliation: _____ Parish: _____

Occupation _____ Work Number: _____

If separated or divorced, with which parent is the student's primary residence?

Mother Father Other _____

Is there legal restriction to access? Yes No

Is there legal documentation involving the child? Yes No

If yes, please provide documented proof.

Guardian's Information

Name: _____

Address (if different from above): _____

Home Number: _____ Cell Phone Number: _____

Email address (if different from above) _____

Faith Affiliation: _____ Parish: _____

Occupation _____ Work Number: _____

Proof of Guardianship appointed through B.C. Judicial process required.

Legal Custody Information _____

Siblings

Name _____ Current Grade: ____ School Attending _____

Name _____ Current Grade: ____ School Attending _____

Name _____ Current Grade: ____ School Attending _____

Name _____ Current Grade: ____ School Attending _____

Name _____ Current Grade: ____ School Attending _____

Emergency Contact _____ Relationship to child Contact _____

Phone _____ Cell Phone _____

Family Physician _____ Phone _____

In an emergency you may send my child to hospital Yes No

Immunization History

This Information is important for updating immunization records and is being collected under the authority of the Health Act. It will be used for updating immunization records and requesting records. The information collected on this form will be protected under the Freedom of Information and Privacy Act. Questions about the collection and use of this information should be directed to your local Health Unit.

Has your child been immunized? YES NO

IF YES, please attach a copy of your child's immunization record.

Are your child's records at the local health unit? YES NO

Student Learning Needs Information

Has your child experienced learning challenges YES NO

If yes, please explain: _____

Has your child required an Individual Education Program (IEP) YES NO

*Please include the most recent copy of the IEP or Learning Plan with this application.

Has your child received Learning Assistance YES NO

If yes, please explain: _____

Has your child experienced behavioral challenges YES NO

If yes, please explain: _____

Has your child experienced social challenges YES NO

If yes, please explain: _____

Has your child been through therapy sessions (etc. Occupational Therapy, Speech Therapy, Behavioral Therapy). YES NO

If yes, please explain: _____

Has your child been formally assessed with a diagnosis by a pediatrician or psychologist (ie: Autism, ADHD, ADD, FASD, Learning disability or other) YES NO

If yes, what was the diagnosis _____

STUDENT HEALTH QUESTIONNAIRE

Please return this form to the School

Student Name _____ Date Form Completed _____

Parent/Guardian Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

1. a) My child has a: (see the following list of conditions)

_____ Emergency condition

_____ Non-emergency condition

No known medical conditions

EMERGENCY CONDITIONS	NON-EMERGENCY CONDITIONS
Diabetes	Mild Allergies(controlled with medication)
Epilepsy	Anorexia
Heart Disease	Mild Asthma(controlled with medication)
Hemophilia	Cancer
Seizure	Depression(treated with medication)
Severe Asthma causing:	Dyslexia
- Extreme difficulty breathing	Migraine headache
- Uncontrollable coughing	Narcolepsy
- Wheezing not relieved with medication	Medication allergy to: (e.g. Antibiotics)
Severe Allergies to:	-----
-----	Visually impaired(e.g. Colour blind/deficient, poor vision)
Causing symptoms such as:	Lupus
- Fainting/loss of consciousness	Hyperactive condition(treated with medication)
- Hives	Aggressive condition
- Swelling(esp. eyes, lips, face & tongue)	Schizophrenia
- Difficulty breathing	Hearing impaired
- Specify others	Attention condition(treated with medication)
	Specify others

b) The name of the condition is _____

If an emergency condition exists please complete #2 in detail. If a non-emergency condition exists please move to #3.

2. EMERGENCY CONDITION

a) Symptoms to watch for:

b) Precautions in the classroom:

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

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____
- 7) _____

3. Does your child take medication? 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?

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. If you have already completed a "Request for Administration of Medication at School" form this year you do not need to do this again. If not, please pick up a form up at the office as soon as possible.

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

Legal Residency of Parent – Form A Student Name _____

(If parents are deceased, use Form B)

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

1. I am (please X one):

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

_____ A landed immigrant (attach photocopy of landed immigrant status paper).

2. _____ 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)

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

_____ Yes _____ No, I am not a resident of British Columbia

Residency Address _____

4. Parent's/Legal Guardian's Name _____

Parent's/ Legal Guardian's Signature _____

Date _____

Legal Residency of Parents (Deceased) – FORM B

Student Name _____

To be completed and signed by the student or a 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).

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

_____ A Canadian citizen

_____ A landed immigrant

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

_____ Yes

Residency Address _____

_____ No, was not a resident of British Columbia

Signed by:

Knowledgeable Adult's Name _____

Knowledgeable Adult's Signature _____

(Knowledgeable adult is 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).

Date _____

Freedom of Information and Protection of Privacy Forms

Student's Full Name: _____

Consent to disclosure of Personal Information

I consent to having the **CISND** collect personal information that may include student identification information, birth certificate, legal guardianship, court orders if applicable, parents' work numbers and email 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 the **CISND**:

1. for the purpose of establishing, maintaining, and terminating the student's or parent's relationship with the **CISND**,
2. for additional purposes identified when or before personal information is collected, and
3. as otherwise provided in the **CISND**'s Personal Information Privacy Policy, a copy of which is available on the CISND website www.cisnd.ca .

I also consent to the collection, use and disclosure of such personal information by and to agents, contractors and service providers of the **CISND**.

This information is required in order to register your child at this school and assist the school authority (CISND) 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 the school is the principal; he/she may be reached at the school during hours of operation.

Signature: _____ Date: _____

Consent to the Use of Student Work

I consent to having my child's work samples used by the **CISND** in the yearbook, newsletters, website, social media, and other promotional material.

Signature: _____ Date: _____

Consent for Child Picture and/or Name on:

I consent to having:

- CISND/OLOL Websites Picture yes _____ no _____ Name yes _____ no _____
- OLOL internal video screen Picture yes _____ no _____ Name yes _____ no _____
- OLOL only weekly emails Picture yes _____ no _____ Name yes _____ no _____
- OLOL brochures, notes, etc. Picture yes _____ no _____ Name yes _____ no _____

Signature: _____ Date: _____

Consent for Family Information in School Directory

The school may prepare a family phone list (car pool list, class list, etc.) for a family contact directory.

I consent to having the following information placed in the family directory:

- Parent Names yes ___ no ____
- Student Names yes ___ no ____
- Contact Information (circle for consent): Phone/Cell Address Email

Signature: _____ Date: _____

Consent for Family Information Release to PSG and School Council

There are occasions when our school would like to have contact with parents to consult them directly about school issues, meetings, or to plan school related activities. The school will normally make your name, home address and phone number as well as your child’s grade available to school council and parent support group personnel. Your personal information will not be disclosed to anyone for business or commercial purposes.

Contact Information (circle for consent): Phone/Cell Address Email

Signature: _____ Date: _____

Disclosure of Parent Information in Event of an Accident

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 and I have at least \$3million in liability.

Signature: _____ Date: _____

CISND Acknowledgement for the Release and Storage of Parent Personal Information

The CISND 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: _____

Principal signature (Privacy Officer)

Family Statement of Commitment

Philosophy

"Motivated by a Christ-centered vision of humanity and human history, our school promotes the formation of the whole person. Such formation embraces not only intellectual, but also physical, emotional, moral, and spiritual dimensions of human growth. Intellect, emotions, creative ability, and cultural heritage have a place in the life of the school. Human knowledge and skills are recognized as precious in themselves, but find their deepest meaning in God's plan for creation."

*From PHILOSOPHY OF EDUCATION FOR CATHOLIC SCHOOLS IN THE PROVINCE OF B.C.
by Catholic Bishops of B.C.*

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 the young people to be the best they can be.

The following statements support the goals and philosophy of our Catholic school and need to be accepted and supported by all members of the school community. Read them carefully. They ask you to make a commitment to the values and ideals of our school. If you have any questions or concerns regarding this commitment form, please bring them to the Principal, Pastor, or Chairperson of the Education Committee, who will gladly discuss them with you.

By returning the signed statement, you accept the responsibility of this commitment. The commitment is a requirement of your child's enrolment at our school.

1. Parents and guardians agree that they and their children 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/participate in our religious education curricular and co-curricular programs including liturgical celebrations (excluding receiving the Sacraments for non-Catholic children), retreats, prayer, etc.
3. Parents/Guardians are expected to support the teaching on faith and morals in the Religious Education Program and participate in the program as required by the school or parish.
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 or her full academic potential.
5. Each family is expected to support and participate in the fund-raising activities of the school. This means each family shares in the responsibility of educating our children.
6. Each student is expected to know and follow school policies on behavior.

7. Parents/Guardians are to know and support school and Diocesan policy 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 with CISND.
9. Parents/Guardians agree to support the school rules and regulations laid down by the Our Lady of Lourdes School Council, the principal, and staff of Our Lady of Lourdes School.

If any of these conditions are not met, the school reserves the right to:

- a. refuse admission; or
- b. remove the students from the school.

I have read and understand the “Family Statement of Commitment” and I hereby accept them as stated.

Parent/Guardian Name (please print) _____

2020–2021 Tuition Fees

As an Independent Group 1 School in British Columbia, Our Lady of Lourdes Elementary School receives only 50% funding of the per student operating costs of the local public school district from the British Columbia Government. Our Lady of Lourdes Elementary School also does not receive any provincial government funding for capital expenses. **Tuition**, along with Parish subsidy, donations, and fundraising, are required to make up the shortfall for the operating and capital costs of the school.

Regular Monthly Tuition (for 10 months)

One Child attending OLOL (K-7)	\$423
Two Children attending (K-7)	\$567
Three or more attending (K-7)	\$653

Discounted Monthly Tuition for families who support a Catholic Parish

Our Lady of Lourdes Catholic Church provides Our Lady of Lourdes Elementary School with a subsidy every year allowing us to offer a discount to Catholic families. The following reduced tuition rate is for families who are practicing members and contribute financially to a local Catholic Parish but must be applied for.

One Child attending OLOL (K-7)	\$353
Two Children attending (K-7)	\$468
Three or more attending (K-7)	\$528

Families who have children attending Immaculata Regional High School

Please contact the school office for tuition structure of families who have children attending both Immaculata Regional High School and Our Lady of Lourdes Elementary School.

International and Out of Province Students (Prepaid upon registration)

\$13, 700 for the full year (10 months)

This tuition level reflects the cost of educating a student in the Central Okanagan. Government funding is available only for students who are Canadian citizens or landed immigrants, whose parents or legal guardians are residents of British Columbia. In addition to tuition, international students are responsible for homestay fees, application fees, student activity fees, medical insurance and miscellaneous other fees.

Other Students Funded Federally

Equivalent of two times the current provincial funding. Please contact the school office for more information.

A **\$25.00 (non-refundable) administration fee, the first month's tuition (non-refundable), the \$60.00 student activity fee (non-refundable)**, a recent report card and copies of Birth and Baptismal Certificates (if applicable) must accompany this application. The filing of this application does not mean automatic acceptance. Acceptance is subject to space and availability. One month's notice is required if a child is withdrawn from the school. If this notice is not received, an additional month's tuition will be charged.

Please note that is the parent/legal guardian's responsibility to inform the office of any changes to the enclosed information.

We agree to ensure full payment of all fees in advance in one of the following ways:

_____ By single advance payment of the full amount

_____ By two lump sum payments (first dated before Sept. 30, second dated before Jan 31st)

_____ By first month tuition by cash or cheque then pre-authorized payment authorization for monthly withdrawal for 9 months from October 1st through to June 1st of the school year)

Parent/Signature: _____

Required Fees:

Upon Registration:

- \$25.00 Registration Fee/student (non-refundable)
- \$60.00 Student Activity Fee/student (non-refundable)
- First Month's Tuition (non-refundable)

By September 15:

- \$200 Parent Participation fee/family

Practicing Catholic Tuition Request Form

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 HONESTLY ANSWERING “YES” TO THE FOLLOWING STATEMENTS WE ARE REQUESTING THE PRACTISING CATHOLIC TUITION RATE.

We have been registered parish members at _____ Catholic Church for at least the last 3 months. 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 OLOL.

OR

Our child was baptized accordingly:

Child's Name	Church's Name	City	Date

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

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.

Priest Signature

Priest Name

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.

Pre-Authorized Debit Agreement for 2020-2021

OUR LADY OF LOURDES ELEMENTARY SCHOOL
2547 Hebert Road, West Kelowna, BC V4T 2J6
Phone: 250-768-9008 • Fax: 250-768-0168

Payer (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.

Attach void cheque here

Pre-Authorized Debit Details

I, the Payer, authorize *Our Lady of Lourdes Elementary 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.

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 first day of the months of July, October through December 2020, and January through June 2021.

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.

Signature

Signature of Account Holder:

Signature of Joint Account Holder (if applicable):

Name (print): _____

Name (print): _____

Date: _____

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 Payer's recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

Parent Volunteer and Participation Commitment 2020–2021 Tuition Fees

At Our Lady of Lourdes Elementary School we pride ourselves on our parent involvement. As an Independent School, parents have the privilege to be involved in our school in ways that encourage a higher quality of education and a greater community atmosphere. Throughout a school year there are many opportunities to be part of your child's education; attending assemblies, prayer celebrations, Christmas concerts, classroom presentations, School liturgies, Parent / Teacher conferences, watching inter school sports events; to name a few. Your presence at these events shows a tremendous commitment to your child's education.

Parent Volunteer Time

OLOL School Council and staff value and appreciate all volunteer time by our parents. Parents are welcome to volunteer in their child's classes, helping out with various activities, events and fieldtrips when and wherever they are able to do so. We recommend that you meet with the teacher(s) to determine days and times that work best for all involved.

Please note, to volunteer you must have completed a valid, approved Diocese Safe Environment Office Training Program, which includes completing the Safe Environment Training and accompanying Criminal Record check. Please see the office for further information.

Parent Participation Fee and Hours

In our efforts to keep tuition fees down, Our Lady of Lourdes School mandates that parents contribute at least 20 Parent Participation Hours that are directly related to helping in the school. Each fall a \$200 Parent Participation Fee is collected from parents, parents are eligible to carry \$100 over to the next school year provided they have met the commitment of 20 volunteer hours in the school. If you are unable to fulfil this commitment, your entire Parent Participation Fee will be forfeited for that year.

Volunteer Tracking Sheets can be picked up from the office. You must track your hours, and have the Teacher or Principal sign off on the hours.

OLOL recognizes that many families exceed their Parent Participation Hours and are very thankful for your support.

Volunteer Registration Form

Family Name: _____

Telephone _____

Availability (Circle all that apply) Weekdays Evenings Weekends Event Night

Volunteer Activity:

Please check off all of the areas that you would be interested in helping out with. A representative will contact you to make arrangements for you to get involved!

Black Tie			Trivia Night	
Activity/Task			Activity/Task	
Decorating			Volunteer Coordination/Contact	
Kitchen Help			Kitchen Help	
Set Up			Set Up	
Clean Up			Clean Up	
Bartending/Selling Tickets			Bartending	
Donation Team			50/50 Tickets	
Auction Preparation			Coordinator of Dinner arrangements	
Volunteer Coordination/Contact			Getting Beverages and license	
50/50 Tickets				

Please indicate if you are interested in being a part of the;

School Council YES_____ NO_____ MAYBE_____

Parent Support Group Executive YES_____ NO_____ MAYBE_____

Booster Seat Regulation Information

These are the guidelines for field trips for Children to **AGE 9 or 145cm (4'9")**:

- ALL students who have **not yet reached 40 pounds, under 4'9", and not yet 9 years old**, must be in a car seat/booster seat when travelling to and from field trips with OLOL School.
- Parents are responsible for providing a car seat/booster seat for their child if they are within the recommended guidelines the day of the field trip.
- If no car seat/booster seat is provided and your child is not yet 40 pounds, under 4'9" and not yet 9 years old, he or she will not be able to participate in the field trip.

My child, _____, does/ does not require a car seat/booster seat under the above regulations.

Parent/Guardian Name (please print) _____

Parent/Guardian's Signature: _____ Date: _____

2020–2021 Donation Form

Our Lady of Lourdes Elementary School graciously accepts donations from individuals and families. If you are interested in making a donation, please indicate below. All donations are tax deductible. You may attach a post-dated cheque or indicate a donation to be withdrawn monthly on your pre- authorized debit form.

Name: _____

Donation Amount: \$_____

Method of payment: Cash Cheque OR

Monthly pre-authorized withdrawal (Fill out Payor's Authorization For Pre-Authorized Debits For Tuition Form)

School Uniform Purchase Instructions

It is the parent/guardian's responsibility to ensure that their child attend school in the required uniform that is clean, properly hemmed, in good repair and labeled with the child's name. When students are not in proper uniform they will be given a letter by the classroom teacher to be taken home and signed by their parent/guardian.

**By helping students respect their uniform, we help them respect themselves. Thank you!
Students are required to be in full uniform for the first day of school.**

Uniform purchases are made through Cambridge Uniforms. Orders may be made online at www.cambridgeuniforms.com using code OLO135.

GIRLS UNIFORM

Select from:

K-3 only: *Navy Blue
*Tunic
4-7 only: Tartan Kilt
*Navy Skirt

All Girls:

*Navy Skort
*Navy Pull-up Pant
*Navy Boot Cut Pant
*Navy Dress Shorts
*Burgundy Golf Shirt
*Crested Cardigan or Vest
*White Dress Shirt
*White Golf Shirt
*Navy/Black/White Knee Socks
*Plain Navy/Black Footed Tights

One crested item is required

BOYS UNIFORM

Select from:

*Navy Pull-up Pant
*Navy Dress Pant
*Navy Dress Shorts
*Burgundy Golf Shirt
*White Dress Shirt
*White Golf Shirt
*Crested Cardigan or Vest
*Navy/White/Black Calf-length Socks

One crested item is required

Students in Grades 4-7 must also have a Gym Strip uniform. Gym Strip can be purchased through the office at the school.

- *Navy/Burgundy items MUST be purchased through Cambridge. Items from elsewhere are not accepted as uniform.
- Dress shirts, and golf shirts can be purchased elsewhere as long as they are plain with no lace, peter pan collars, logos or insignias.
- It is not mandatory that each family purchase every item listed above. These are options that are available to you so that you can find the one best suited for your child's needs. If you need any assistance, please contact the office.
- **Hems:** Please ensure pants and skirts are hemmed properly. Maximum length for skirts and tunics is **just below the kneecap**. Minimum length is **2 inches above the kneecap**.
- **Socks/Tights:** Plain white, navy, or black. Only knee socks (girls) or calf socks (boys), please. Girls tights must be one piece footed tights (no leggings).

Shoes

To preserve the cleanliness of our school, students are asked to bring a separate pair of shoes for use within the school. **Shoes must be non-marking, and ALL either black or navy in color, with black laces. No colored soles, please.** If black or navy gym runners are used, they may also serve as indoor shoes.