

ENROLLMENT CHECK LIST

2023-2024

***All applications must be done online**

Please note: applications are not considered completed until all documents and fees are received. All documents must be uploaded into your MyEducation BC account. Please follow the instructions below carefully.

Student information -

- 1) request an account by clicking here
 - 2) initiate Online registration process by logging in with your new account
- * Click here for instructions on how to register online

Medical Information Form (please complete page 2 if applicable)

Legal Residency of Parent Form A or B

PIPA Legislation Form and Disclosure of Personal Information Consent

Forms ____ Field Trip Consent Form and Booster Seat Form

Statement of Family Commitment Form

Practicing Tuition Rate Request Form

Payor's Authorization for Pre-Authorized Debit Form

Required documents:

- ___ Recent Report Card
- ___ Copy of Student's Care Card
- ___ Copy of Student's Birth Certificate
- ___ Copy of Parent's Driver's license
- ___ Copy of Parent's Citizenship Documents (if not a Canadian Citizen)
- ___ Copy of Baptismal Certificate (if Catholic)
- ___ Copy of First Communion Certificate (if Catholic)

Fees to Accompany Registration:

- \$25.00 Registration Fee due at registration (Non-refundable)
- \$60.00 Student Activity Fee due at registration (Non-refundable)
- First Month's tuition due at registration (Non-refundable)
- \$250 Parent Participation Fee due Sept. 1, 2023 - withdrawn by EFT

*payments can be made via cash, cheque or etransfer to: ettransfer.olol@cisnd.ca

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	Eating Disorder
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 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 check 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 and Pictures

I consent to having photographs and work samples of my child(ren) used by the **CISND** in the yearbook, newsletters and other promotional material.

Signature: _____ Date: _____

Consent for Picture and/or Name on CISND materials (school and diocese)

I consent to having:

- my child's name only yes ____ no ____
- my child's picture only yes ____ no ____
- my child's name and picture together 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 and student names yes ____ no ____
- Contact Information yes ____ no ____

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, email 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.

I consent to the school releasing my contact information to the school council and PSG

- Contact Information yes ____ no ____

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.

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(ren) 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)



CISND
OFF-SITE ACTIVITY(IES) CONSENT OF PARENT/GUARDIAN
AND ACKNOWLEDGEMENT OF RISK FORM A2
(Local, Low-risk Day Trip)

School Name

To the Parent(s)/Guardian(s) of: _____ Grade: _____ Homeroom: _____
Please read the contents of this Consent and Acknowledgement of Risk form. Clarify any questions or concerns with the Lead Teacher BEFORE signing it.
If this form is not signed and returned to the school by _____, your child WILL NOT BE ALLOWED TO ATTEND.

PROGRAM/ACTIVITY INFORMATION

DESTINATION/ACTIVITY: _____ DATE(S) _____ OR
SERIES OF OFF-SITE ACTIVITIES (Specify program): _____
PURPOSE OR EDUCATIONAL GOAL(S): _____
ITINERARY/ACTIVITIES: _____
METHOD OF TRANSPORTATION: _____ BY: _____
LEAD TEACHER: _____ TOTAL NUMBER OF SUPERVISORS PLANNED: _____
SUPERVISORY RATIO: _____
COST TO THE STUDENT: _____ WHAT TO BRING: _____
OTHER CONSIDERATIONS: _____

SCHOOL RESPONSIBILITIES:

- The School will make every reasonable effort to ensure or ascertain that:
- The staff, volunteers and/or service providers involved are suitably trained and qualified.
 - The students are adequately supervised over all aspects of the program/activity.
 - The location(s) used are appropriate and safe for the activity(ies) and group.
 - Equipment used has been inspected and deemed appropriate and safe.
 - A Safety Plan is in place to identify and manage known potential risks.
 - An Emergency Plan is in place to deal with an injury or illness to any of the students.

POTENTIAL KNOWN RISKS

Potential known risks include the following:

Additional Comments/Requirements:

CONSENT AND ACKNOWLEDGEMENT OF RISK

Destination/Activity/Program: _____ Dates: _____

- I acknowledge my right to obtain as much information as I require about the program or activity and associated risks and hazards, including information beyond that provided to me by the school.
- I freely and voluntarily assume the risks/hazards inherent in the program/activity and understand and acknowledge that my child may suffer personal and potentially serious injury arising from his/her participation.
- My child has been informed that he/she is to abide by the rules and regulations, including directions and instructions from the school's and/or service provider's administrators, instructors, and supervisors over all phases of the program/activity.
- In the event that my child fails to abide by these rules and regulations, disciplinary action may require his/her exclusion from further participation, or that I can be contacted to have him/her picked up, unless I have specified other transport arrangements.
- I acknowledge that it is my responsibility to advise the Lead Teacher of any medical and/or health concerns of my child that may affect his/her participation in the stated program or activity.
- I acknowledge that the trip supervisors may secure transport to emergency medical services as they deem necessary for my child's immediate health and safety, and that I shall be financially responsible for such services.
- Based on my understanding, acknowledgement, and consents as described herein,

Name of student _____ Date of birth _____ has my permission to participate.

Date _____ Parent/Guardian Name (please print) _____ Signature of Parent/Guardian _____

Parent/Guardian Contact Numbers: Day: _____ Evening: _____

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: _____

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/we hereby accept them as stated.

Parent/Guardian Printed Name

Parent/Guardian Printed Name

Signature

Signature

Date

Date

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(ren) were 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 2023–2024

OUR LADY OF LOURDES ELEMENTARY SCHOOL

2547 Hebert Road, West Kelowna, BC V4T 2J6

Phone: 250-768-9008 • Fax: 250-768-0168

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.

Attach void cheque here

Pre-Authorized Debit Details

I, the Payor, 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 2022, and January through June 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. I understand 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.

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

2023–2024 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)	\$545
Two Children attending (K–7)	\$731
Three or more attending (K–7)	\$841

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)	\$454
Two Children attending (K–7)	\$602
Three or more attending (K–7)	\$681

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)

Please contact the office for the current international tuition rate.

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.

Parent Participation Program

Dear Parents,

OLOL tuition fees are some of the lowest in the province. In order to keep it that way we rely on the volunteer support of our families to enable the school's continued operation. Certain fundraising activities, Black Tie and Trivia Night in particular, provide operating funds that are critical to the running of our school. These events require everyone's help to succeed.

A Parent Participation fee of \$250 for 2023–2024 is required from each family. At the beginning of each school year, this Parent Participation Fee is collected from each family. If the 20 hours of mandated volunteer time is met families are eligible for a full refund fees at the end of the school year. If a family has students enrolled in more than one school, each school's participation fee and number of service hours required is reduced proportionately. (e.g., half the fee and half the hours if there are students in two schools).

Volunteer Tracking Sheets can be picked up from the office. Each family is responsible for tracking their own hours, having the teacher or Principal sign off on them, and submitting the volunteer form before the date indicated on the form. Any type of volunteer hours qualifies for the rebate, but we hope to encourage people to assist with those activities that result in raising funds, which are absolutely vital to the basic operation of our school.

Volunteering for these events is a lot of fun and gives you the chance to meet and get to know other parents within the school. There are many different jobs available that can be done during the day, or evening in the months before, or on the weekend or the night of each event. It's very satisfying to be an active contributor to the school and see the results every day in the development of your children.

We need your help to make sure OLOL continues to be the best school in the Okanagan. We are looking forward to working with you and getting to know you better!

Sincerely

Our Lady of Lourdes School Council

School Uniform Purchase Instructions

It is the parent/guardian's responsibility to ensure that their child(ren) 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
Dress Shirt, Short Sleeve
Dress Shirt, Long Sleeve
Golf Shirt, Short Sleeve (White)
Golf Shirt, Long Sleeve (White)
Crested Cardigan
Crested Vest
Plain 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
Dress Shirt, Short Sleeve
Dress Shirt, Long Sleeve
Golf Shirt, Short Sleeve
Golf Shirt, Long Sleeve
*Crested Cardigan
*Crested 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 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.

What documents do I need to register my child at OLOL school?

In accordance with the School Act and the Ministry of Education Policy document, "Funding Policy – eligibility of student for operation grant funding", the Board of Education defines students as "ordinarily resident" if a student is resident in the province of British Columbia and the parent/guardians of the student are ordinarily resident in British Columbia.

A parent or legal guardian must upload the following documentation:

- Student's **original** birth certificate – if the original is not in English, a notarized translation is required.
- Student's B.C. Care Card
- A copy of the student's most recent report card
- A copy of the student's Baptismal certificate (if Catholic)
- A copy of the student's First Communion (if Catholic)

Guardianship

- If the student is living with both parents, no documentation is required for guardianship.
- If the student is not living with both parents, one of the following is required:
 - Court Order – Custody Agreement
 - Adoption documents
 - District Form – *Authorization for Temporary Guardianship of a Minor* (notarized)
 - Death Certificate
 - Continuing Custody Order (MCFD)

Proof of BC Residency

- Parent's BC Driver's License

If parent is not a Canadian citizen, the following proof is required

* A person need not be a Canadian citizen to be "ordinarily resident" in British Columbia for the purposes of section 82 of the School Act. Students may be eligible for funding when accompanied by a parent/guardian with the following immigration status:

- Permanent Resident Card – **in addition to the above**, the following documents must be provided
 - Permanent Residence Card/documentation authorizing the holder to reside in Canada for one year or more.
 - Passport.
- Work Permit - **in addition to the above**, the following documents must be provided:
 - Copy of Work Permit – valid for one or more years, minimum 20 hours per week.
 - Passport.
- Study Permit - **in addition to the above**, the following documents must be provided:
 - Copy of Study Permit – authorizing parents to study for one or more years in an accredited program
 - Proof of enrollment
 - Passport