



2024-2025 New Student Application Package

Dear Parents or Guardians,

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

- parent/guardian's proof of BC residency (copy of government-issued ID displaying current address)
- parent/guardian's citizenship documents (if not a Canadian citizen)
- student's birth certificate or passport
- student's care card
- 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, St. James in Vernon and Holy Cross in Penticton.)
- student's Baptismal and First Communion certificates (if applicable)

To complete your application, we require payment of the first month's tuition fee (due immediately), capital building fee (due August 1), and parent participation fee and student activity fee (due September 1). Please submit:

- payment of non-refundable first month's tuition and \$25 registration fee
- a void cheque for automatic withdrawals on the above dates or cheque(s) payable to OLOL

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

- Request a MyEd account please visit <https://myeducation.gov.bc.ca/aspen/logon.do>
For help creating an account please click [here](#)
- Please upload all forms and additional documents under documents in your MyEd account. Please note registration is not considered complete until all forms with signatures as requested and all additional documents are uploaded.

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

Please contact the school should you have any questions.

Sincerely,

Ms. K. Grootjes
Principal

Continuous Enrollment

Our Lady of Lourdes Elementary 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 Our Lady of Lourdes, the student will remain enrolled from year to year until the end of Grade 7 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 completing Grade 7 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.

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 non-refundable \$200 capital building fee

September 6: automatic withdrawal of \$250 parent participation fee and student activity fee

Up to date information on tuition rates, uniform, dress code, etc. is maintained on Immaculata’s website at www.olol-bc.com under “Admissions”.

2024 – 2025 Tuition Fee Schedule and Financial Policies

CATEGORY I – Regular Tuition for British Columbia Residents

First Student	\$586/mo for 10 months
Second Student	\$786/mo for 10 months
Three or more students	\$904/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.)

First student	\$488/mo for 10 months
Two students	\$647/mo for 10 months
Three or more students	\$732/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. September's tuition fee on July 1, the capital building fee (\$200) on August 1, and the parent participation fee (\$250) and student activity fee (\$60) on the 6th of September, monthly tuition on the 1st 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 first month's tuition due immediately, the capital building fee (\$200) dated August 1, and the parent participation fee (\$250) and student activity fee (\$60) dated September 1, the balance of tuition (October to June) dated on or before September 15.

For families that have children at Immaculata, please contact the office for the blended tuition rate. Also, pay only half of the OLOL parent participation fee (\$125).

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

Tuition Information

Our Lady of Lourdes Elementary School (LOL) 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

LOL 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.

Dress Code and Uniform Expectations

Dressing appropriately for school and wearing the uniform correctly is a statement that we are in an 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 their uniform daily and on dress down days wear clothing appropriate for the school and learning environment.

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

Students' uniforms must be neat, clean, and in **good repair** (no frays or rips). OLOL's current uniform is a selection of white or burgundy crested polo shirts, navy crested sweaters or vests and navy bottoms.

Hems: please ensure pants and skirts are hemmed properly. Maximum length for skirts and tunics is just below the kneecap and minimum length is 2 inches above the kneecap.

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

Uniform Ordering

- Uniforms **must** be ordered from our current uniform supplier, Cambridge Uniforms with the exception of the white shirts. We recommend that you order your uniforms for the new school year in June so that you have them in time for September. Uniforms can be ordered online through Cambridge Uniforms at <https://www.cambridgeuniforms.com/>. The school code is OLO135.

Special Notes:

- Leggings and yoga pants are not part of the school uniform.
- Socks and tights should be white, navy, or black. Girls socks must be knee high and boys must be calf height.
- Shoes must be all black.

Dress Down Day 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, crop tops, or revealing clothing) and **good taste** (no clothing with unacceptable images or messages). Hats are not to be worn in the school.

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

Medical Alert Information Questionnaire

Student Name	Date of Birth	Today's Date
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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:

***For Emergency and/or potentially life threatening conditions please contact the office to complete an emergency care plan**

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
A		Physically Dependent (multiple needs)
B		Deaf-Blind
C		Moderate to Profound Intellectual Disabilities
D		Physical Disability or Chronic Health Impairment
E		Visual Impairment
F		Deaf or Hard of Hearing
G		Autism Spectrum Disorder (ASD)
H		Students Requiring Intensive Behaviour Intervention or Students with Serious Mental Illness
K		Mild Intellectual Disabilities
P		Gifted
Q		Learning Disabilities (Dyslexia, Dyscalculia, etc.)
R		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:

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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.

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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.

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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

Our Lady of Lourdes Elementary School'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

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.
(<https://www.cisnd.ca/policy-manual.php>)
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.

If any of these conditions are not met, the Principal reserves the right to refuse admission, or remove the student from the school.

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 **Our Lady of Lourdes Elementary 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 **Our Lady of Lourdes Elementary School** (1) for the purpose of establishing, maintaining, and terminating the student's or parent's relationship with **Our Lady of Lourdes Elementary 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 **Our Lady of Lourdes Elementary 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

Our Lady of Lourdes Elementary 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: _____

Ms. K. Grootjes, Principal
Phone: (250) 768-9008

Pre-Authorized Debit Agreement

Our Lady of Lourdes Elementary School School, 2547 Hebert Road, West Kelowna BC V4T 2J6

Phone: (250) 768-9008

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 *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.

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 capital building fee will be debited August 6. The parent participation fee and student activity fee will be debited September 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?	<input type="radio"/> YES <input type="radio"/> NO
Do you contribute financially to the work of the parish?	<input type="radio"/> YES <input type="radio"/> 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 Our Lady of Lourdes Elementary School

Introduction

Our Lady of Lourdes Elementary School (OLOL) provides to its students and faculty a school wide local area network of hardware, software, and services. This document forms an agreement between OLOL and all users of OLOL'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.

The following are expectations for students using electronic communications systems including but not limited to the accessing the Internet, e-mail through GAFE (Google Apps for Education) and electronic devices such as computers, Chromebooks, tablets, iPads, cellphones etc.

Students in Grades K-7, signing this document agree to the following terms and conditions:

- I understand that having access to GAFE e-mail will be at the discretion of my school.
- I will handle with care and consideration any electronic communications equipment so as to avoid or minimize physical damage or damage to data.
- I will use network services in such a way that performance is not disrupted or terminated.
- I will use my time and required materials so as not to be wasteful.
- I will use every effort not to corrupt the files or systems of other users.
- I will respect the privacy of other users.
- I will use language that is not considered offensive or threatening to others.
- I will avoid receiving, keeping or distributing inappropriate materials, including material that is harmful to others.
- I will inform my teacher or principal if I come across any sites, material, information or situations that I believe contain inappropriate materials.
- I will not talk with or meet with any strangers I talk to on the Internet without consulting my parent or guardian.
- I will not distribute personal information about myself or anyone else through the school server. This includes names, school name, interests, extracurricular activities, home or school address or phone numbers. I may however, post school projects and work on the Internet as approved by my teacher.
- I will only use what I believe to be authorized, legal copies of information and software.
- If provided, I agree to keep any network service password secret and I agree that I will not use someone else's password to access the system.

Plagiarism & Copyright:

- I agree that I will not copy any information and claim it as my own.
- I will ask the original author for written permission to use the graphics or any copyrighted works, including works of art, compositions, text, symbols, sayings, cartoons, excerpts and quotations.
- I agree that I will give written credit for sources of information for my work.

Consequences of unacceptable use:

- Loss of privileges to access and use any electronic communication systems.
- Possible disciplinary action through the School Code of Conduct.

I understand that I am personally responsible for my actions, errors, and omissions in using a school electronic communications system and accessing the Internet. I further understand the consequences for failing to comply with the terms and conditions of these regulations, may well exceed school disciplinary action, and may include criminal investigations, civil suits or both.

Student Use Agreement – Grades K-7

Student's Name: _____ Date: _____

I have read, understand and will abide by the 'Expectations for Students Using School Electronic Communication Systems'. I will use resources responsibly and respect the rights of others. I will not use these systems for unethical or illegal activities. Should I commit any violations, my access privileges may be revoked. I understand that this document will remain in my school file for as long as I am enrolled at Our Lady of Lourdes Elementary School.

Student's Signature: _____ Date: _____

Parent/Guardian Permission Form – Grades K-7

I have read and reviewed the attached 'Expectations for Students Using School Electronic Communication Systems' with my daughter or son. I understand that my daughter or son may access School electronic communication systems which allow them to access resources, communicate with others and to publish their work.

Parent/Guardian's Name: (Please Print) _____

Parent/Guardian's Signature: _____

Date: _____

Cell Phones*

Our Lady of Lourdes Elementary School acknowledges the importance of communication between students and parents, particularly regarding emergency situations. Students *are not to have their cellphones with them during the school day and ringers must be shut off between 8:30am and 3pm.* * For the purpose of this agreement, the term "cell phone" includes all personal electronic device

Digital Portfolio Permissions

As part of our goal to collect and document evidence of student learning, we will be taking photographs and videos of your child throughout the school year. This data will be used by teachers as evidence of learning and will be stored in a secure online portfolio.

During the school year, there are occasions where evidence of student learning will include partner, small and large group work. This work may be relevant to your child's portfolio and the teacher may choose to document this through photographs or video. Photographs/videos of your child engaged in partner/group work may appear on another child's portfolio which may then be shared with the other child's family. Teachers have a duty and a responsibility to be mindful of the images they share with other families. We are committed to being respectful with what we choose to post. This data belongs to you and your child and you may request to have it removed at any time. Anything posted to the shared portfolios must never be copied or shared by the viewing families.

I understand that this permission form is valid for the period in which my child attends Our Lady of Lourdes Elementary School. I hereby authorize Our Lady of Lourdes School to allow photos/videos involving my child to be posted to his/her online portfolio as well as classmates' online portfolios (please circle yes or no):

[Yes] [No]

IF NO was selected above please answer the following:

I understand that this permission form is valid for the period in which my child attends Our Lady of Lourdes Elementary School. I hereby authorize Our Lady of Lourdes School to allow photos/videos involving my child to be posted to his/her online portfolio ONLY (please circle yes or no):

[Yes] [No]

Student's Name (printed)

Date

Parent's Name (printed)

Signature

Google Apps For Education Consent Form

Our Lady of Lourdes Elementary 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 Our Lady of Lourdes Elementary 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 OLOL 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

☐ Black Tie Fundraiser _

☐ Hot Lunch program _

☐ Other _____

Thank
you!