



# St. Mary's Catholic Independent School

*"Hand in Hand with Jesus – "Where Faith & Knowledge Meet"*

## STUDENT APPLICATION FORM

St. Mary's Catholic Independent School

250-426-5017

[www.stmarysschool.ca](http://www.stmarysschool.ca)

**2023-2024**

# St. Mary's Catholic Independent School

1701-5th St. S., Cranbrook, BC V1C 1K1 • Phone 250-426-5017 • Fax 250-426-5076 • [stmary@shaw.ca](mailto:stmary@shaw.ca)



## NEW STUDENT REGISTRATION

Dear Parents,

Thank you for inquiring about St. Mary's Catholic Independent School! At our school your child will receive an excellent academic education as well as a solid moral and spiritual foundation. We enjoy a safe, nurturing, "family" environment for all our students and value a close liaison between school and home.

St. Mary's School follows the BC Ministry of Education Curriculum with highly dedicated BC certified teachers. Spirituality, sports, fine arts, public speaking, leadership, service to others, and primary and intermediate 'buddies' are an integral part of our school life. We have beautiful, bright learning space and we have an outstanding Outdoor Education program! It really is amazing. We also offer band, Primary French/Music, Intermediate French, Speech Arts, and Technology learning. Numerous extra-curricular activities provide rich learning opportunities for our students.

The convenience of St. Mary's Daycare, After School Program, and After School Summer Programs are programs located on site. The hours of operation are from 8:00 A.M. to 5:00 P.M. daily and 8:30 A.M. TO 5:30 P.M. respectfully. To register or to find out more information call Norine Green, our secretary, at the school office (250) 426-5017.

To be considered registered, we require copies of the following: Baptismal certificate (if applicable), the Birth Certificate, completed registration forms and fees **before the first day of attendance**. Please return these to the school office. More information regarding St. Mary's School can be found on our website [www.stmarysschool.ca](http://www.stmarysschool.ca) or contact the school office to set up an appointment to meet with the principal.

At St. Mary's School our moto is: ***"Take Care: Take Care of yourself, Take Care of each other and Take Care of St. Mary's ."*** At our wonderful school, your child will develop their mind, body, and soul. Take care!

We are looking forward to working with you in 2023-2024!

Sincerely,  
Jerelynn MacNeil  
Principal



*"Hand in Hand with Jesus ~ Where Faith & Knowledge Meet"*



# ST. MARY'S CATHOLIC INDEPENDENT SCHOOL 2023-2024 NEW STUDENT REGISTRATION FORM

In BC, Catholic schools are governed by the Independent School Act, receiving only 50% of the operating funds provided to the public school district in which the Catholic school is located. Independent schools are **not entitled** to government funding for capital expenditures. Modest tuition fees, provincial funding, and school fundraisers make up St. Mary's annual operating budget. Tuition fees are set annually by St. Mary's School Council.

**Tuition Rate:****1st Child - \$340.00 a month****2nd Child - \$230.00 a month****3rd Child - \$120.00 a month****4th Child - Free**

**Tuition:** The income tax receipt is issued to only the person paying the tuition fee.

**Please print:** \_\_\_\_\_

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

**Address:** \_\_\_\_\_

**Student Name****First****Last****Grade****Monthly tuition fee**

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Total monthly tuition:** \_\_\_\_\_**x 10 months****Total annual tuition:** \_\_\_\_\_**\$****Please indicate your preferred method of payment for tuition fees:**

\_\_\_\_\_ Full payment of annual fees by September 5, 2023  
(payable by: cheque, cash or etransfer at: [etransfer.smc@cisnd.ca](mailto:etransfer.smc@cisnd.ca))

(initial) \_\_\_\_\_

\_\_\_\_\_ I/We wish to register for Pre-authorized payment  
(please provide a void cheque) (withdrawals on the 16th monthly)

(initial) \_\_\_\_\_

\_\_\_\_\_ (Other: Post-dated / monthly cheques) or etransfer at:

[etransfer.smc@cisnd.ca](mailto:etransfer.smc@cisnd.ca)

(initial) \_\_\_\_\_

**Payable upon registration:**

Non-refundable registration fee (\$80/family/year)

**\$ 80.00**

School Activity fee (\$70.00/student)

**\$**Kindergarten supply fee (\$60/student)

Student Agendas &amp; Consumables (\$25.00/student-Gr.1-6/year) \_\_\_\_\_ X\$25.00

**Total payable upon registration:****\$**

**Method of payment:** Cash \_\_\_\_\_ Cheque# \_\_\_\_\_ [etransfer.smc@cisnd.ca](mailto:etransfer.smc@cisnd.ca) Receipt \_\_\_\_\_

I/we understand that one full month's notice must be given before the removal of our child(ren) from St. Mary's Catholic Independent School. If I/we choose to remove our child(ren) prior to the one month period, a month's tuition will be charged.

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

**Return to the office as soon as possible - Thank you!**

## Pre-Authorized Debit Agreement

### ST. MARY'S CATHOLIC INDEPENDENT SCHOOL

1701-5<sup>th</sup> Street South, Cranbrook BC V1C 1K1

Phone: 250-426-5017 • Fax: 250-426-5076

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 *St. Mary's Catholic Independent 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 16th day of the months of September to June.

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

#### 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 my recourse rights, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

**ST. MARY'S CATHOLIC INDEPENDENT SCHOOLS**  
**APPLICATION FOR ADMITTANCE**

1701-5<sup>th</sup> Street South  
Cranbrook BC V1C 1K1  
Phone: (250) 426-5017  
Fax: (250) 426-5076  
email: [stmary@shaw.ca](mailto:stmary@shaw.ca)  
[www.stmarysschool.ca](http://www.stmarysschool.ca)



(For office use only)

Date Received: \_\_\_\_\_

Interview Date: \_\_\_\_\_

Accepted: Yes ☐ No ☐

On a wait list: Yes ☐ No ☐

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

Principal's Signature: \_\_\_\_\_

Please attach student photo



Join our 'closed' page @ St Mary's PSG Info Board

**Candidate Information**

**Student's Name:** \_\_\_\_\_ ☐ M ☐ F

\_\_\_\_\_  
Surname Given Name(s)  
Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Religion: \_\_\_\_\_ Parish: \_\_\_\_\_  
dd/mm/year

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

Date of Admission: \_\_\_\_\_ Grade: \_\_\_\_\_ Current School: \_\_\_\_\_

Band Name & Number (if applicable): \_\_\_\_\_ ☐ Aboriginal Ancestry

Canadian Citizen ☐ Landed Immigrant ☐ on Student Visa ☐ Other: \_\_\_\_\_

Primary Language Spoken at Home: \_\_\_\_\_

**Family Information**

**Father's Information** Deceased ☐ Place of Employment: \_\_\_\_\_

Name: \_\_\_\_\_ / Occupation: \_\_\_\_\_

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

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

Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Canadian Citizen ☐ Landed Immigrant ☐ Work Permit: Yes ☐ No ☐ Other: \_\_\_\_\_

**Mother's Information** Deceased ☐ Placement of Employment: \_\_\_\_\_

Name: \_\_\_\_\_ / Occupation: \_\_\_\_\_

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

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

Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Canadian Citizen ☐ Landed Immigrant ☐ Work Permit: Yes ☐ No ☐ Other: \_\_\_\_\_

**Guardian's Information**

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Street Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Canadian Citizen ☐ Landed Immigrant ☐ Work Permit: Yes ☐ No ☐ Other: \_\_\_\_\_**Proof of Guardianship appointed through BC judicial process required – Documents attached** Yes ☐ No ☐**Legal Custody Information:** \_\_\_\_\_**Siblings**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School Attending: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School Attending: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School Attending: \_\_\_\_\_

**Parish Information****Mother** – Parish and Religion: \_\_\_\_\_ **Father** – Parish and Religion: \_\_\_\_\_

Sacraments received: Baptism \_\_\_\_\_ First Communion: \_\_\_\_\_

(Place and Date) Reconciliation: \_\_\_\_\_ Confirmation: \_\_\_\_\_

**Medical Alert**

List any life threatening health conditions: (diabetes, heart condition, anaphylaxis or severe allergies, asthma, epilepsy, etc.) \_\_\_\_\_

**Emergency Contact #1 (Other than parent/guardian):**

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

**Emergency Contact #2 (Other than parent/guardian):**

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

**Family Doctor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Health Care Number:** \_\_\_\_\_

**Medications:**

School staff will give or supervise medications under the following conditions.

1. They are required in emergency situations, or
2. They are required for one month or longer and must be given during school hours.

If your child requires assistance or supervision of medications under those conditions, you need to obtain a "Medication Administration Form" from school staff and complete it in conjunction with your physician. You must return the signed card along with the prescribed medication before school starts in September. These steps must be followed with authorization from a physician, before medication will be given to your child.

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**General Information**

**A \$80.00 (non-refundable) administration fee**, a recent report card and copies of Birth and Baptismal Certificates must accompany this application. The filing of this application does not mean automatic acceptance. Acceptance is subject to space and availability.

**Early withdrawal with less than one full month's notice.**

Upon acceptance, a non-refundable deposit of the first month's tuition is required. 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 it is the parent/legal guardian's responsibility to inform the office of any changes to the enclosed information.

Parent/Guardian(s) \_\_\_\_\_

Signature/Date

\_\_\_\_\_

Signature/Date

1. **SCHOOL ATTENDED** – list the last three schools, starting with the most recent.

SCHOOL	LOCATION	DATE OF ATTENDANCE	HOMEROOM TEACHER

2. Please include with this application a copy of the **most recent progress report** issued by the school presently attending.

*\*If answering YES to any questions below, please explain and submit relevant academic/health services reports for your application to be complete. Please sign a Release of Confidential Information form.*

3. In order to provide the necessary support for each student, it is important that the school have a full understanding of the student's needs. Has your child ever had any of the following assessments and/or support?

☐ Psycho-educational ☐ Speech and Language ☐ Occupational Therapy ☐ Physiotherapy  
☐ Behavioural ☐ Counseling ☐ Other

If yes, please include a copy of the assessment with this application and provide details:

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4. Has your child received **Learning Assistance** in the last two (2) years? Yes ☐ No ☐

If yes, please provide details:

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5. Has your child experienced **behavioural problems** within the school or Daycare setting? Yes ☐ No ☐

If yes, please provide details:

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6. Educationally **relevant medical and health information** (if yes to a-c, please explain, see \*(note above)

a. Does your child have a visual or hearing impairment? Yes ☐ No ☐

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b. Does your child have any identified (suspected) sensory issues? Yes ☐ No ☐

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7. Do you have legal papers for **custody arrangements** are set by the court system? Yes ☐ No ☐



**Legal Residency of Parents – Form A**

To be completed and signed by a parent or legal (court-appointed) guardian.  
(If legal guardian please 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).
- ☐ Lawfully admitted to Canada under one of the following documents (please check the appropriate box and attach).
  - ☐ Admission as 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 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)

**2. I am a resident of British Columbia (please check one):**

- ☐ 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: \_\_\_\_\_

## Legal Residency of Parents (deceased) – Form B

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

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

- ☐ A Canadian citizen
- ☐ A landed immigrant

2. The student's deceased parent was at time of death a resident of British Columbia (please check one):

- ☐ Yes  
Residency Address: \_\_\_\_\_
- ☐ No, not a resident of British Columbia

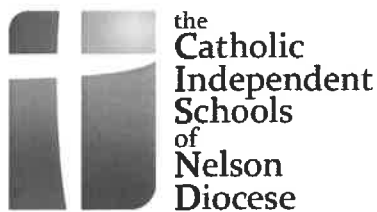
Student: \_\_\_\_\_

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: \_\_\_\_\_



## PARENTS AND VOLUNTEERS

### 3030 Family Statement of Commitment

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#### **RATIONALE**

"Motivated by a Christ-centered vision of humanity and human history, our schools promote 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 schools. 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 BC'*, by the Catholic Bishops of BC. (2005)

#### **POLICY**

CISND schools recognize that students may come from family situations that conflict with the moral teachings of the Catholic Church. The personal background of a student is not an absolute obstacle to enrolment in a CISND school. If parents choose a lifestyle directly opposed to the Church's deeply held moral teachings, they should recognize that the school is not the right place for their child since the home and school would be giving contradictory teaching.

The three partners (home, school, parish) in Catholic education must work together to provide an environment where faith and learning go hand in hand leading young people to their fullest development.

All parents/guardians are required to complete a Family Statement of Commitment upon application for their child(ren).

#### **REGULATIONS**

The philosophy of CISND expresses the teaching and practice of the Roman Catholic Church and requires acceptance and support of all members of the school community. The parent/guardian is requested to make a commitment to the values and ideals of our school community. Questions or concerns regarding this commitment form are to be directed to the Principal of the school or the School Pastor.

By returning the signed statement with a completed application for registration, the parent/guardian agrees to accept the responsibility of this commitment.

## 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**

Name *(please print)*

\_\_\_\_\_

**Signature**

\_\_\_\_\_

Date:

\_\_\_\_\_

**Parent/Guardian**

Name *(please print)*

\_\_\_\_\_

**Signature**

\_\_\_\_\_

Date:

\_\_\_\_\_

Date Approved: February 21, 2019

Date(s) Revised: January 2023

Date Reviewed:

# FIELD TRIP CONSENT FORM

## PARENT/GUARDIAN CONSENT FOR STUDENT TRAVEL

Curricular and extra-curricular field trips are provided by the school as a part of the program to enrich the course of studies through observation of "real world" situations, or as a logical extension of participating in an extra-curricular program provided by the school. Care is taken to assure that a field trip is carried out in a safe manner by requiring the use of duly authorized drivers and means of transportation. Parents will be informed in advance of any field trips that are planned during the year.

The purpose of this form is to request your parental authorization for your child to participate in the local (not overnight) field trips that are planned for your child while they are a student at St. Mary's Catholic Independent School.

No student will be allowed to attend a field trip without the written consent of the parent/guardian. To have your child included in the local field trips that are planned, please complete the form below.

### PARENT/GUARDIAN CONSENT:

Consent is given for \_\_\_\_\_  
Name of Student

To participate in the local field trips planned for him/her during their time at St. Mary's Catholic Independent School.

Please indicate any medical condition(s) of your child that the supervising teacher should be aware of when taking your child on a field trip.

\_\_\_\_\_  
\_\_\_\_\_

I understand that all school rules will apply while students are on field trips and that any field trip will be planned according to the policies of the St. Mary's Catholic Independent School Council and the Catholic Independent Schools of Nelson Diocese.

\_\_\_\_\_  
Date

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

Dear Parents,

In January 2004, the provincial government passed new legislation pertaining to the collection and use of personal information of individuals. This Act is intended to balance privacy rights of individuals with the need for organizations and businesses to hold personal information. St. Mary's Catholic Independent School must comply with these new regulations as it relates to our students and parents.

Enclosed, for your information, is the complete Personal Information Protection Act (PIPA) document for St. Mary's Catholic Independent School, along with the appropriate consent forms for students and parents.

If you wish to provide consent to allow St. Mary's to collect, use, disclose, or store information regarding your child(ren) or yourself in accordance to the PIPA legislation, please complete the two consent forms and return to the school. Families who have not returned the consent forms, will be contacted to confirm that consent will not be given to the school.

If you have any further questions or concerns about this new legislation, please contact me at the school.

Sincerely,

Jerelynn MacNeil  
Principal

**Catholic Independent Schools of Nelson Diocese**

**Operating St. Mary's Catholic Independent School in Cranbrook, BC**

**PERSONAL INFORMATION PRIVACY POLICY  
FOR PARENTS AND STUDENTS**

Child(ren)'s Name(s) \_\_\_\_\_  
\_\_\_\_\_

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

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

*This information is required in order to register your child at this school and assist the school authority in making an informed decision as to your child's suitability and appropriate placement in the school. It will also allow the school to respond immediately to an emergency. For more information, the privacy officer for **St. Mary's Catholic Independent School** is the **school principal** and may be reached at (250) 426-5017.*

Initial: \_\_\_\_\_ Date: \_\_\_\_\_

2. I consent to having photographs and work samples of my child used by **St. Mary's Catholic Independent School** in the yearbook, newsletters and our closed school Facebook Page.

Initial: \_\_\_\_\_ Date: \_\_\_\_\_

3. There are occasions when **St. Mary's Catholic Independent School** would like to have contact with parents to consult them directly about school issues of meetings, or to plan school related activities. **St. Mary's Catholic Independent School** will normally make your name, home address and phone number as well as the child's name and grade available to the Parent Support Group, St. Mary's Catholic Independent School Council, or others responsible for organizing these types of activities. Your personal information will not be disclosed for business or commercial purposes.

Initial: \_\_\_\_\_ Date: \_\_\_\_\_

#### Parent Personal Information

Parent Name(s) \_\_\_\_\_  
\_\_\_\_\_

1. 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.

Initial: \_\_\_\_\_ Date: \_\_\_\_\_

#### 2. Release and Storage of Parent Personal Information

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

**Protecting Your Personal Information**

St. Mary's Catholic Independent School collects and uses personal information to provide your child with the best possible educational services as outlined in our Mission Statement. The personal information on these forms is required in order to register your child and assist the school in making informed decisions on the suitability and appropriate placement of your child. This information will also allow the school to respond immediately to an emergency. St. Mary's Catholic Independent School commits to using and storing this information responsibly and will not release this information to a third party without your verbal or written consent unless permitted under the PIPA (Personal Information Privacy Act) legislation. If you have any questions about the use, storage or disclosure of personal information, please contact our privacy officer, the school principal.

I/We consent to having St. Mary's Catholic Independent School collect, use, and disclose this personal information as outlined above.

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Parent/ Guardian Signature

**Authorization to Use Student Photographs**

I/We consent to the use of photographs and in school communications, publications, advertising, promotional materials and on the St. Mary's Catholic Independent School website. Yes ☐ No ☐

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Parent/ Guardian Signature



Please let us know how you learned about St. Mary’s Catholic Independent School. Check all areas that apply.

- ☐ I attended one of the CISND Catholic Schools.
- ☐ I heard about CISND Catholic Schools through my parish/church.
- ☐ A friend attends (or attended) one of the schools.
- ☐ I visited the CISND website.
- ☐ Recommended by friends or family.
- ☐ Other: \_\_\_\_\_

**Office Use Only**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Birth Certificate         | <input type="checkbox"/> Family Statement of Commitment | <input type="checkbox"/> PR Received       |
| <input type="checkbox"/> Baptismal Certificate     | <input type="checkbox"/> PIPA Form                      | <input type="checkbox"/> PR Card Requested |
| <input type="checkbox"/> Legal Residency of Parent | <input type="checkbox"/> Immigration Documents          |  |