



ISLAND CATHOLIC SCHOOLS

"Where children love to learn, and learn to love"

STUDENT APPLICATION FORM

Island Catholic Schools

250.727.6893

www.cisdv.bc.ca

(Fillable electronic version on website)



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ISLAND CATHOLIC SCHOOLS APPLICATION FOR ADMITTANCE

SCHOOL

(Please check 1st and 2nd choice if elementary)

- St. Andrew's Regional High School
- St. Joseph's Elementary
- St. Patrick's Elementary
- Queen of Angels, Duncan
- St. John Paul II, Port Alberni

(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

Candidate Information

Student's Name: _____ M F

Surname Given Name(s)

Date of Birth: _____ Birthplace: _____ Religion: _____ Parish: _____

dd/mm/year

Street Address: _____ Student Phone #: _____

Mailing Address: _____ Postal Code: _____

School year applying for: _____ Requested Grade: _____

Band Name & Number (if applicable): _____

Canadian Citizen Landed Immigrant on Student Visa Other: _____

Primary Language Spoken at Home: _____

Family Information

Father's Information Deceased

Name: _____ Occupation: _____

Street Address: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ Email: _____

Canadian Citizen Landed Immigrant Work Permit: Yes No Other: _____

Mother's Information Deceased

Name: _____ Occupation: _____

Street 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: _____

For siblings attending elsewhere, are you interested in moving them to an ICS school? Yes No

Parish Information

Mother-Parish and Religion: _____ Father-Parish and Religion: _____
Sacraments received by student: (Place and Date)
Baptism: _____ Reconciliation: _____
Confirmation: _____ First Communion: _____
Are you claiming the Roman Catholic parish supporter rate? Yes No
Practicing Catholic Tuition Rate Request Form attached? Yes No

Medical Alert

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

Emergency Contact (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.

Before/After School Care

Each school offers a variety of Out of School Care options. Please refer to the list below and enquire at the local school office for an application form. All programs will be confirmed on a first-come, first-serve basis.

Before School Care (SJ, SP, JP II) - After School Care (SJ, SP, QA, JP II) - Bus Service (QA)

General Information

A \$50.00 (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.

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.

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

- By single advance payment of the full amount
- By submitting 12 equal payments using the pre-authorized debit form

Parent/Guardian(s) _____ Signature/Date
_____ Signature/Date

NOTE: Each parent/legal guardian must sign.

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

SCHOOL	LOCATION	DATE OF ATTENDANCE	HOMEROOM TEACHER OR GRADE COUNSELOR

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.*

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?

- Psych-ed Speech and Language Occupational Therapy Physiotherapy
 Behavioural Mental Health Other

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

4. Has your child received any support services in the last two (2) years? Yes No

If yes, please provide details:

- Learning Support ELL O.T. Support EA Support
 Speech/Language Therapy Counseling Behaviour Intervention
 Provincial 1st Outreach Program Other _____

5. Has your child ever required an IEP (Individual/Inclusive Education Plan)?

Yes No

If yes, please attach a copy: _____

6. Has your child experienced behavioural challenges within the school or group setting? Yes No

If yes, please provide details: _____

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

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

b. Has your child had a recent vision/hearing assessment? Yes No

c. Does your child take any medication on a regular basis? Yes No

d. If your child is unable to participate in a full physical education program, please explain why not:

8. For Kindergarten Applicants only:

Has your child had any services through Supportive Child Development? Yes No

Legal Residency of Parent

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 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 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 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: _____

Public Relations/Marketing

Protecting Your Personal Information

Island Catholic Schools 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. Island Catholic Schools 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 Island Catholic Schools collect, use and disclose this personal information as outlined above.

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 Island Catholic Schools website.

Yes No

Parent/Guardian Signature

Appendix A

Authorization to Release Confidential Information

As part of the application process, I hereby authorize all educational institutions (including pre-schools and daycares if applicable) to share information over the phone with the school principal should the principal contact the educational institutions where my child is currently enrolled.

I/We consent to the principal and/or designate contacting my child's current educational institution.

Yes No

Parent/Guardian Signature

Please let us know how you learned about Island Catholic Schools. Check all areas that apply.

- I attended one of the Island Catholic Schools.
- I heard about Island Catholic Schools through my parish/church.
- A sibling or relative attends one of the Island Catholic Schools.
- A friend attends (or attended) one of the schools.
- I visited the ICS website.
- I visited a school's Facebook page.
- I saw an ad in the local paper.
- I saw an ad in a local magazine (example: *Island Parent*).
- I saw a school poster in the community.
- I heard an Island Catholic Schools ad on the radio/TV.
- Other _____

Office Use Only

- | | | |
|--|--|--|
| <input type="checkbox"/> Acceptance Letter | <input type="checkbox"/> Deposit | <input type="checkbox"/> Parent Volunteer Form |
| <input type="checkbox"/> Application Fee | <input type="checkbox"/> Family Discount | <input type="checkbox"/> Practicing Catholic Tuition Rate Request form |
| <input type="checkbox"/> Report Card | <input type="checkbox"/> Recent Photo | <input type="checkbox"/> Family Statement of Commitment |
| <input type="checkbox"/> Baptismal Certificate | <input type="checkbox"/> Immigration Documents | <input type="checkbox"/> Principal's Recommendation (SARHS only) |
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> PR Card Requested | <input type="checkbox"/> Tuition/PAD |
| <input type="checkbox"/> Custody Documents | <input type="checkbox"/> PR Card Received | <input type="checkbox"/> Void Cheque |