EST. 1938
ST. JOSEPH
CATHOLIC SCHOOL
LOVE·RESPECT

Student Admission Application

STUDENT INFORMATION

Student's Legal Name (as it appears on the birth certificate)

_____ / _____ / _____
LAST FIRST MIDDLE

Student's USED Name (only if different than above): _____ Gender: _____

Current Grade: _____ Grade Applied for: _____ Admission Date Requested: _____

Age: ___ Date of Birth: _____ Birthplace: _____ Language Spoken at Home: _____
Day / Month / Year

Religion: _____ Aboriginal Ancestry? ☐ Yes ☐ No Band Name and Number: _____

If Catholic: Year of Baptism: _____ Present Parish Family Attends: _____

MOTHER'S INFORMATION

Full Name: _____ Religion: _____

Address: _____ City: _____ Postal Code: _____

Home Phone: _____ Cell: _____ Email: _____

Relationship to Student: ☐ Birth ☐ Adoptive ☐ Step ☐Foster ☐ Guardian ☐ Ministry

Employer/Occupation: _____ Work Phone: _____

FATHER'S INFORMATION

Full Name: _____ Religion: _____

Address: _____ City: _____ Postal Code: _____

Home Phone: _____ Cell: _____ Email: _____

Relationship to Student: ☐ Birth ☐ Adoptive ☐ Step ☐ Foster ☐ Guardian ☐ Ministry

Employer/Occupation _____ Work Phone: _____

Alternate Person to Contact in an Emergency: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Student's BC Medical Services Plan Card #_____

Doctor's Name: _____ Doctor's Phone Number: _____

Has your child been immunized? ☐ Yes ☐ No

FOR KINDERGARTEN REGISTRATION

Attended Preschool ☐ Yes ☐ No Attended Daycare ☐ Yes ☐ No Attended Strong Start ☐ Yes ☐ No

Address: _____ City: _____ Prov. _____ Postal Code: _____

School Phone: _____ School Fax: _____ Email: _____

I/we, hereby, certify that the above information is correct. I/we, _____, hereby agree to support the school rules and regulations as long as my child remains a student in St. Joseph Catholic School.

X _____ **X** _____ _____
Parent/Legal Guardian Signature Parent/Legal Guardian Signature Date

FAMILY INFORMATION

Please list the names and birthdates of all **other** children in your family if they are not yet registered at our school:

Name: _____ Birthdate: _____ Name: _____ Birthdate: _____

Name: _____ Birthdate: _____ Name: _____ Birthdate: _____

STUDENT TRANSPORTATION

How will your child arrive at school most often? Leave after school most often? Please X any that may apply:

- ☐ Vehicle with parent/guardian or parent/guardian arranged person
- ☐ Walk/or ride bicycle
- ☐ City bus
- ☐ The Clubhouse Child Care

*ONLY COMPLETE THIS SECTION IN CASE OF SEPARATION, DIVORCE OR ADDITIONAL GUARDIANSHIP

Please provide separate copies of school communications (i.e. newsletters, report cards, etc.) ☐ Yes ☐ No

LEGAL GUARDIANSHIP of this child is awarded to: ☐ Mother ☐ Father ☐ Other

Name (s): _____ and _____

Is there a **court order** regarding custody? ☐ Yes ☐ No If 'Yes', please provide a copy for the office.

STUDENT SUPPORT

Has your child been assessed, waiting for an assessment or recommended to have an assessment? ☐ Yes ☐ No
Including: Psycho-educational, Behavioural, Counseling, Occupational Therapy, Physical Therapy, Speech Language Pathology, etc.
If 'Yes', please **include a copy** of the most recent **Psych Ed** assessments and/or **LP/IEP/Behavioural Plan**

Please X any that may apply to your child:

☐ ADHD/ADD ☐ ASD ☐ Anxiety ☐ Depression ☐ ELL ☐ Learning Assistance

Does this student require additional supports? ☐ Yes ☐ No If yes, ☐ Behaviour intervention plan ☐ Safety plan

Does your child receive any grants or funding from the government? ☐ Yes ☐ No

RELEASE OF IMMUNIZATION RECORDS CONSENT

Are your child's records at the local Health Unit? ☐ Yes ☐ No If yes, please attach a copy of immuziation record.

If records are at your Doctor's office or Health Unit (not local), please provide contact information below:

Name of Health Unit or Doctor: _____ Address: _____

☐ I authorize **St. Joseph Catholic School** to receive immunization records from the indicated doctor or health unit.

FIELD TRIP CONSENT

☐ I consent to allowing my child to participate in the **local field trips** planned for him/her while attending **St. Joseph Catholic School**. Please see School Handbook for more detailed information regarding field trips.

☐ I understand that all the requirements of the **School Code of Conduct** will apply while students are on field trips and that any field trip will be planned according to the directives of the Catholic Independent Schools of the Nelson Diocese (CISND).

CONSENTING SIGNATURE

_____ **X** _____ _____

Parent/Legal Guardian (please print) Parent/Legal Guardian Signature Date

PRIVACY OF PERSONAL INFORMATION CONSENT

I consent to having **St. Joseph Catholic 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. Joseph Catholic School** (1) for the purpose of establishing, maintaining, and terminating the student's or parent's relationship with **St. Joseph Catholic School**, (2) for additional purposes identified when or before personal information is collected, and (3) as otherwise provided in **St. Joseph Catholic 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, service providers and Catholic parishes associated with **St. Joseph Catholic 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. **Joseph Catholic School** *is the* ***school principal*** *and may be reached at 763-3371 ext 207.*

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 on 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: _____

The school includes a class list in the family phone directory. I consent to having my child's name and child's grade listed in the school family directory.

Signature: _____ Date: _____

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

St. Joseph Catholic 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.

Signature: _____ (Name of School Privacy Officer)
Principal

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

LEGAL RESIDENCY OF PARENT

I am (please X one):

☐ A Canadian citizen (if not born in Canada, please attach photocopy of citizenship)
☐ A landed immigrant
☐ 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)

_____

RESIDENCY IN BRITISH COLUMBIA

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

☐ YES : Residency Address(required):Please complete your address.

_____

☐ NO, I am not a resident of British Columbia

_____ **X** _____ _____
Parent/Legal Guardian (please print) Parent/Legal Guardian Signature Date

RESIDENCY OF PARENTS (ONLY if Deceased)

To be completed by the student or 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).

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

- ☐ A Canadian citizen
- ☐ A landed immigrant

☐ The student's deceased parent was at the time of death

- ☐ Yes, a resident of British Columbia
  Residency Address (required):
  _____
- ☐ No, not a resident of British Columbia

_____ **X** _____ _____
Knowledgeable adult name (please print) Signature of knowledgeable adult Date

MEDICAL INFORMATION

Student Name: _____ Grade Entering: _____

Home Phone: _____ Work Phone: _____ Ext: _____

Cell Phone: _____

_____ **X** _____ _____

Parent/Legal Guardian Name (please print) Parent/Legal Guardian Signature Date

☐ **My child has no conditions**

1. My child has a: (see list of these conditions below)

   _____ **emergency condition**

   The name of the condition is**:**

   _____

   _____ **non-emergency** condition

Emergency Conditions

☐ Diabetes
☐ Epilepsy
☐ Heart Disease
☐ Hemophilia
☐ Seizure (medication)

Severe Allergies to _____
Causing symptoms such as:

- ☐ Fainting/loss of consciousness
- ☐ Hives
- ☐ Difficulty breathing
- ☐ Swelling (esp. eyes, lips, face & tongue)
- ☐ Throat tightness/closing

Specify others _____

_____

Severe Asthma causing:

- ☐ Extreme difficulty breathing
- ☐ Uncontrollable coughing
- ☐ Wheezing not relieved with medication

Non-Emergency Conditions

☐ Mild Allergies (controlled with medication)
☐ Eating disorder (e.g. Anorexia)
☐ Mild Asthma (controlled with medication)
☐ Cancer
☐ Depression (treated with medication)
☐ Dyslexia
☐ Migraine Headache
☐ Narcolepsy
☐ Medication allergy (e.g. to Antibiotics)
☐ Lupus
☐ Schizophrenia
☐ Aggressive condition
☐ Hyperactive condition (with medication)
☐ Attention condition(treated with medication)
☐ Visually impaired (e.g. color blind/deficient, vision)
☐ Hearing impaired

Specify others _____

_____

_____

_____

If an <u>emergency condition</u> exists <u>please complete #2 in detail</u>.

If a <u>non-emergency condition</u> exists <u>please move to #3</u>.

2. **Emergency Condition (must be completed if emergency condition exists)**

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? (must be completed if **non-emergency** condition exists)

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. A new form **must** be completed any time medication changes are made.

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

_____

_____

Student Reservation Agreement

RESERVATION TERMS AND OBLIGATIONS

Students will be officially registered at St. Joseph Elementary School, Kelowna only upon receipt of this form, the student application, payment of the first month's tuition, plus $250 (per family) parent participation fee (PPF) and, if applicable, the *Practising Catholic Tuition Rate* Request form.

Tuition is due monthly, with payment by direct withdrawal from your bank account on the 6th of each month, July (for September) and October to June from the commencement of academic studies until graduation of Grade 7 unless we receive written notice of withdrawal. The first month of tuition is non-refundable for all families. Please Note: If the student withdraws before commencement of school, after the July 6th payment, the tuition prepayment will be forfeited. Alternatively, the entire tuition for the year can be prepaid by September 15th. Anyone prepaying tuition in full and receiving a charitable donation receipt is not eligible for any tuition refund if they withdraw their child(ren) after the charitable donation receipt has been issued (at tax time).

PARENT PARTICIPATION FEE

All parents or guardians are required to contribute a set amount of participation hours ** (20 hours) per year per family of service time in school activities and/or projects. The parent participation fee ($250.00) is refundable after all volunteer hours have been completed; alternatively, an income tax receipt will be given for those donating the fee to the school and for fees unclaimed by December 31st of the year following payment.

*Please note that if you have children in both Immaculata Regional High School (IRHS) and St. Joseph School, the parent participation fee is $250.00 in total ($125.00/school).

I/We agree to pay the tuition fees (please check one)**:**

☐ **Monthly** – First month's tuition fee will be withdrawn by pre-authorized debit on July 6 and the $250 parent participation fee on August 6. Direct withdrawal of tuition on the 6th of each month will follow October to June. Please complete the form on the following page and attach a VOID cheque if applicable.

☐ **Annually** – Whole year's tuition in advance. First month's tuition fee is payable by July 6. The $250 parent participation fee is payable by August 6. The balance of tuition (October to June) is due on or before September 15. **Please provide cheques post-dated to July 6, August 6 and September 15 with registration.**

Student Name	Grade 2026/2027	Student Name	Grade 2026/2027
Student Name	Grade 2026/2027	Student Name	Grade 2026/2027

Do you have children registered at Immaculata High School? ☐ Yes ☐ No **Number registered: _____**

CONSENTING SIGNATURE

As parents/guardians we acknowledge we are responsible for the payment of all tuition fees, incidentals, and class fees. We understand and accept the following terms and obligations.

Parent/Legal Guardian (please print)	X Parent/Legal Guardian Signature	Date

Pre-Authorized Debit Agreement

St. Joseph Elementary School, 839 Sutherland Avenue, Kelowna, BC V1Y 5X4 Phone: (250) 763-3371

Payor Name: _____ / _____ / _____
FIRST MIDDLE INITIAL LAST

Address: Street: _____ City: _____ Postal Code: _____

Email Address: _____ **Phone Number:** _____

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 *St. Joseph 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 of Grade 7 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 parent participation fee of either $250 or $125 (with children at Immaculata) will be debited August 6. Class Fees (amount to be set in June) 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.

Practicing Catholic Tuition Rate Request

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 answering "YES" to the following statements we are requesting the practicing Catholic tuition rate.

We have been registered parish members at _____Catholic Church for at least the last three months.

***If you have recently moved to Kelowna, please provide a letter of reference from your current pastor.**

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 St. Joseph School, Kelowna

OR

Our child(ren) were baptized accordingly:

Child's Name	Church's Name	City	Date

I/we, the parent(s)/guardian(s), are practicing Catholics and I/we request the Catholic tuition rate for this year.

CONSENTING SIGNATURE

_____ **X** _____ _____

Parent/Legal Guardian (please print) Parent/Legal Guardian Signature Date

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

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/page/policy-manual

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.

9. If applicable, each parent/guardian agrees to:

    a. Provide the school with complete and updated versions of any orders or agreements
        i. Affecting, restricting, or prohibiting a parent/guardian's ability to access the school or a student attending the school; or
        ii. Impacting a parent/guardian's authority over decision-making in relation to a student's education
        iii. Such updates to these orders or agreements are to be given to the school as they occur.
    b. Minimize and avoid any disruption to the School associated with the implementation of those orders or agreements
    c. Comply with the terms of any orders or agreements.

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: _____