



1329 Fourth Avenue
Trail, B.C. V1R 1S3
PHONE NO. 368-6151/ FAX 368-9962

(Please Print)

Entering Grade: _____ Entering Date: Day _____ Month _____ Year _____

Today's date _____ DATE RETURNED TO OFFICE _____

Child's Name _____
(Legal Surname) (First name) (Middle name)

First name by which the child is called _____ Male _____ Female _____

Child's Care Card Number _____ (Please **present Care Card** when registering)

Date of Birth: Day _____ Month _____ Year _____ (Please **present Birth Certificate** when registering)

Child's place of birth: _____

Is your Child Baptized? Yes ___ No ___ Religion: _____ (Please **present Baptismal Certificate** when registering)

Father's name in full _____ Religion: _____

(State if deceased or separated)

Mother's name in full _____ Religion: _____

(State if deceased or separated)

Primary language spoken in the home _____

Citizenship of Parents:

MOTHER: Canadian Landed Immigrant Other _____

FATHER: Canadian Landed Immigrant Other _____

1. **Home Addresses**

(Mom's) Apt. # _____ Street _____ Box _____

City _____ Postal Code _____ HOME Phone no. _____

2. Home addresses

(Dad's) Apt. # _____ Street _____ Box _____

City _____ Postal Code _____ HOME Phone no. _____

Mother's Cell no. _____ Father's Cell no. _____

Mother's Work no. _____ Father's Work no. _____

E-mail: _____ E-mail: _____

GUARDIAN'S NAME IF DIFFERENT FROM ABOVE _____

(Surname)

(Christian Names)

Name, Address, and Phone Number of School Child last attended

School _____ Address _____ Phone _____

I give the school permission to contact the school mentioned above. (Please Initial) Yes ____ No ____

Has your child any known Medical Problems? (Hearing, eyesight, heart, allergies, etc.)

Has your child ever experienced Learning Problems?

Has your child ever experienced Behavioral Problems?

Has your child ever experienced Social Problems?

Has your child been through therapy sessions (ect. Occupational Therapy, Speech Therapy, Behavioral Therapy).

Yes ____ No ____ If yes, please provide any documentation at the time of registration.

Has your child been formally assessed with a diagnosis by a pediatrician or psychologist (ie: Autism, ADHD).

Yes ____ No ____ If yes, please provide any documentation at the time of registration.

Family Doctor _____ Telephone Number _____

Person other than parents who may be called in **case of an emergency**

Name _____ Relationship _____

Address _____ Telephone Number _____

Name _____ Relationship _____

Address _____ Telephone Number _____

General remarks of interest to the teacher and the school

St. Michael's 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(ren) at this school, unless written authorization from a parent or legal guardian is provided to the school. The school will securely store all digital and hard copy parent and student personal information.

STATUS OF PARENT/GUARDIAN (ADMISSION TO CANADA AND RESIDENCY) - FORM A

(If parents are deceased, use Form B)

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 X one):

- A Canadian citizen **(if not born in Canada, please attach a 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 officer 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 X one):

- Yes Residency address:

- No I am not a resident of British Columbia

Confirming signatures:

Parent/Legal Guardian's name:

Parent/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 of British Columbia (please X one):

- Yes Residency address:
- No I am not a resident of British Columbia

Confirming signature:

Student:

Knowledgeable Adult's Name:

Knowledgeable Adult's Signature:

(Knowledgeable Adult is 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)

Date: _____

Tuition Schedule 2017-2018

| | |
|--------------|--------------------|
| First Child | \$255.00 per month |
| Second Child | \$145.00 per month |
| Third Child | \$65.00 per month |
| Fourth Child | No Charge |

Annual Fees: \$115 – per child (K-7)

Annual Fees include consumable workbooks, agenda, and all necessary school supplies. Also, musical instruments and School T-shirt if required.

Bus Fees: \$30.00 (Per student -- Per month)

Volunteer Expectations:

Every school year, each family will be required to volunteer a minimum of 12 hours as part of your registration obligations. It is important that the volunteer time is fulfilled to help offset operational costs.

Financial Assistance:

If your family is experiencing financial hardship, please contact the Principal for a financial assistance application when registering. Please note, financial aid is provided to qualifying families for the tuition portion only.

Payment Options:

Pre-authorized debit for monthly withdrawals, 10 post-dated cheques, or monthly payments

Catholic or Non-Catholic

Are you of Catholic Faith (Please Initial) Yes _____ No _____

If Catholic, please indicate the parish in which you are registered.

The four supporting parishes in our area include

(Sacred Heart, Rossland, St. Rita's Castlegar, St. Rita's, Fruitvale or Holy Trinity Parish, Trail)

I am a parishioner of _____

Please provide a photocopy of your child's Baptismal Certificate with Registration

If you are interested in Baptising your child in the Catholic faith or if you would like to become a member of one of the Parishes in our area, please contact the Principal for further information.



STUDENT HEALTH QUESTIONNAIRE

Student's name: _____ Birthdate: _____
 Teacher: _____ Grade: _____
 Parents/Guardian:
 Mother's name: _____ Phone: Home _____ Work _____
 Father's name: _____ Phone: Home _____ Work _____

1. Does your child have a physician diagnosed potentially life-threatening condition such as:

- | | YES | NO |
|--|-------|-------|
| a) Diabetes | _____ | _____ |
| b) Epilepsy with history of seizures in the past 2 years | _____ | _____ |
| c) Severe allergic reaction..... | | |
| 1) to food needing adrenalin or hospitalization | _____ | _____ |
| 2) to insect stings | _____ | _____ |
| d) Severe asthma needing immediate medical treatment or medication to prevent an emergency | _____ | _____ |
| e) Blood clotting disorder (e.g. haemophilia) which require immediate medical care | _____ | _____ |
| f) Any other condition(s) which may require emergency care at School? If yes, please describe: | | |

- | | | |
|---|-------|-------|
| 2. Does your child need to take medication on a continuing basis while at school? | _____ | _____ |
| 3. Does your child need assistance or supervision taking his/her medication? | _____ | _____ |
| 4. Will your child need emergency medication for an allergic reaction or other medical condition? | _____ | _____ |

Parent/Legal Guardian Signature

Date



Dear Parent/Guardian:

The Freedom of Information and Protection of Privacy legislation came into effect for schools in the fall of 1994. To ensure that we are complying with the legislation, we ask that you read the following information carefully.

1. There are occasions where our school would like to have contact with parents to consult them directly about school issues or meetings, or to plan school related activities. The school will normally make your name, home address and phone number, as well as the child's name and grade available to school council personnel and the PTA. Your personal information will not be disclosed to anyone for business or commercial purposes. **Please sign the statement below to indicate your wishes. This consent form will be use for all the years your child is enrolled in St. Michael's School.**

Yes, I permit the release of my personal information for purposes consistent with above.

No, I do not permit the release of my personal information for purposes consistent with the above.

Signature: _____ **Date:** _____

(Please print your child's name.)

Student's Name: _____ Grade: _____

2. It is a tradition in our school to allow staff, parents and the media to photograph individual students and groups of students to commemorate events and to promote various educational, sports and cultural events taking place in the school. While photographs add to the community life of our school, they are not required for education purposes. Students' names, photographs and comments may be published in the school newsletter, yearbook and, on occasion, the school's annual report, or in the news media. **Please sign the statement below. This consent form will be use for all the years your child is enrolled in St. Michael's School.**

Yes, I permit my child to be involved in such coverage, consistent with the above.

No, I do not permit my child to be involved in such coverage, consistent with the above.

Signature: _____ **Date:** _____

(Please print your child's name.)

Student's Name: _____ Grade: _____



Dear Parents and Guardians:

This form is being sent to all parents/guardians of children in the school. It is a general waiver to grant St. Michael's School permission to have your child participate in "neighborhood walks" and activities within walking distance of the school. These will usually consist of short nature walks in the area, walks down to the regional library, walks to OLPH, walks to the Charles Bailey Theatre, etc.

Anytime a field trip is planned that would require transportation in any motorized vehicle, you will receive a separate waiver form for each event. Thank you for your support and cooperation! **(Please sign the consent form below as this consent form will be used for all the years your child is enrolled in St. Michael's School.)**

I, _____ give *(Please print your child's name.)*
(Parent or Guardian's Name)

Permission for _____ Grade _____
(Child's Name)

To participate in "Neighborhood Walks" when planned by and supervised through the school.

(Date)

(Parent or Guardian's Signature)



Bus Pass Order Form

My child/children will need to take the bus to and from school this year and will need a bus pass.

I understand that St. Michael's School will issue a bus pass to my child/children and that I will be billed \$30.00 per child to a maximum of \$50.00 per family for this service every month. *Please note by your child's name if your family has an employee bus pass. Thank you.*

Please Print

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Please circle the community where you reside:

| | | | | |
|-------------|-----------|-----------|----------------|---------------|
| Sunningdale | Tadanac | Rivervale | Oasis | Genelle |
| Blueberry | Castlegar | Warfield | Rossland | Trail |
| Glenmerry | Montrose | Fruitvale | Shaver's Bench | Miral Heights |

Parent's Signature: _____