



St. Patrick Regional Secondary School

Application Checklist
2020-2021

Please make sure you have the following forms and items in your application package completed before you submit the package to St. Patrick Regional Secondary

- ☐ Application Form
- ☐ Copy of student applicant's: a) birth certificate
 - b) Canadian Citizenship
 - c) Permanent Resident Card
- ☐ Copy of parent's: a) birth certificate
 - b) Canadian Citizenship
 - c) Permanent Resident Card
- ☐ Copy of gas bill, cable bill, mortgage document, rental agreement or tax assessment (with current address)
- ☐ Pastor Authorization Form
- ☐ Emergency Contact Form
- ☐ Picture and Print Release Form
- ☐ Family Statement of Commitment Form
- ☐ Parent Participation Form
- ☐ Helpful Information document
- ☐ Copy of most current Psychoeducational Assessment (if applicable)
- ☐ Copy of most current IEP (if applicable)
- ☐ Copy of current report card (**for applicant's in grade 9-12 only**)
- ☐ Application fees (non-refundable)



St. Patrick Regional Secondary School

Application Form
2020-2021

Date of Application _____ Parish _____ Entering Grade _____

STUDENT APPLICANT INFORMATION

Last Name _____ First Name _____

Middle Name _____ Male _____ Female _____

Date of Birth:

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 Country of Birth _____
Month Day Year

Address: _____ City: _____ Postal Code: _____

Religion: _____ Citizenship: Canadian ☐ Permanent Resident ☐ Student Visa ☐

Please provide a copy of the student applicant's birth certificate and Canadian Citizenship/Landed Immigrant/Student Visa.

Last School Attended _____ Grade completed as of June 2020 _____

Has the student applicant received Learning Assistance support in the past 2 years? Yes _____ No _____

Does the student applicant have any confidential medical or psychological assessments or information which we should be made aware of or request from their previous and/or current school? Yes _____ No _____

Copies of the most current Assessment and I.E.P must be presented at the time of application.

Does the student applicant have **any siblings already enrolled in St. Patrick Regional**? If yes, please fill below

Name: _____ Grade in September 2020 _____

Name: _____ Grade in September 2020 _____

By signing this form, I give St. Patrick Regional Secondary consent for the collection, use or disclosure of personal information to authorized school personnel and/or representatives for the purpose of conducting school related activities as per the school's Personal Information Privacy Policy. St. Patrick Regional Secondary acknowledges that there will be no disclosure of personal information to any third party.

Signature of Father

Signature of Mother

Please note that all new students entering after Grade 8 will be on a 1-year probation.

TO BE COMPLETED BY PARENT(S) RESIDING WITH STUDENT

Mother's Last Name

Mother's First Name

Mother's Middle Name

Father's Last Name

Father's First Name

Father's Middle Name

Address

City

Postal Code

Home Phone Number:Status: Married ☐ Separated ☐ Divorced ☐ Widowed ☐**Mother:**

Cell Phone

Work Phone

Occupation

Employer

Email

ReligionCitizenship: Canadian ☐ Permanent Resident ☐**Father:**

Cell Phone

Work Phone

Occupation

Employer

Email

ReligionCitizenship: Canadian ☐ Permanent Resident ☐**TO BE COMPLETED BY PARENT NOT RESIDING WITH STUDENT**

Last Name

First Name

Middle Name

Address

City

Postal CodeStatus: Married ☐ Separated ☐ Divorced ☐ Widowed ☐

Home Phone

Cell Phone

Work Phone

Employer

OccupationReligion:

Citizenship: Canadian ☐ Permanent Resident ☐

Please attach Legal Documents relating to Custodial rights (if applicable). If the student **does not reside** with both parents, please check one of the following:

Send Report Cards to: Both Parents ☐ Custodial Parent Only ☐Please send notifications about student via email to: Both Parents ☐ Custodial Parent Only ☐

ADMISSION TO CANADA AND RESIDENCY – FORM A

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

1. Lawfully admitted into Canada (please check one box)

I am:

- ☐ A Canadian Citizen (please attach a copy of parent's birth certificate or citizenship paper/card)
- ☐ A permanent resident (please attach a copy of parent's landed immigrant status paper or Permanent resident card)
- ☐ Lawfully admitted to Canada under the Immigration and Refugee Protection Act (Canada) with one of the following documents (please mark the appropriate box below and attach a copy of document):
 - ☐ Admission as a refugee or refugee claimant
 - ☐ Valid student permit for 2 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 2 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, pre-clearance 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):

2. Residency in British Columbia (please check one)

I am a resident of British Columbia

- ☐ Yes – Resident address (please print address)

(Please attach a copy of a utility bill, mortgage document, rental agreement or tax assessment, etc.)

- ☐ No, I am not a resident of British Columbia

Confirming Signatures:

Parent/Legal Guardian's Name: _____

Parent/Legal Guardian's Signature: _____

Date: _____



St. Patrick Regional Secondary School

Student Emergency Contact Information Form

2020-2021

Student Last Name

Student First Name

Middle Initial

Please fill in all sections of this form as it is required by Ministry Policy.

STUDENT HEALTH INFORMATION

Student Care Card Number: _____

Name of Family Doctor _____ Phone Number _____

Name of Family Dentist _____ Phone Number _____

Please indicate if your child has a medical alert such as diabetes, epilepsy, anaphylaxis or any other condition which may require immediate emergency care:

When parents are not available, please give the names and phone numbers of 2 relatives or friends who can be reached in an emergency.

① Name: _____ Phone Number _____

② Name: _____ Phone Number _____

Emergency Disaster Release

Please check one box:

- ☐ If we are unable to reach the school, we authorize the release of our child, in his or her own care, providing the situation is deemed safe and our child is considered not to be at risk.
- ☐ If we are unable to reach the school, we do not want our child released unless to the care of one of the adults authorized below (medical or response personnel exempted).

① Full Name: _____

② Full Name: _____

Please sign that all information entered on this sheet is correct and accurate:

Parent Signature _____



St. Patrick Regional Secondary School

Helpful Information
2020-2021

Student Last Name

Student First Name

Middle Initial

For the Student:

Please write a paragraph indicating why you want to attend St. Patrick Regional Secondary School. Please state what contribution you will make to our community. What extra-curricular activities do you wish to participate in? Please include any special recognition or awards for performance or service that you have received.

For the Parent:

Having read our "Statement of Commitment," please write a paragraph indicating why you wish your son or daughter to attend St. Patrick Regional Secondary School.

Has any of your immediate family attended St. Patrick Regional Secondary? Yes ____ No ____

If yes, please provide the following information:

Name

Relationship

Year attended

Please note: If your child is not accepted, all forms will be shredded one year after application.



St. Patrick Regional Secondary School

Pastor Authorization Form

2020-2021

Please submit this form to your parish office during office hours. Please complete one form per student. Once the pastor completes the form, it is your responsibility to include the form with your completed application package.

Family Information:

Student Last Name: _____ Student First Name: _____

Parent Last Name: _____ Parent First Name: _____

Student address: _____

Parish Name: _____ Parish Envelope Number: _____

Name(s) of sibling(s) attending St. Patrick
Regional (if any)

Grade of sibling(s) in September 2020 (if any)

Pastor's Authorization (please sign number 1 or number 2)

1. The above mentioned parish agrees to subsidize this student for \$30.00 per month*.

Pastor Signature: _____

**If the parish would like to provide an additional subsidy per month for the above student, please indicate the amount below and sign:*

Amount per month: _____ Pastor Signature: _____

2. The above mentioned parish chooses not to subsidize this student since the family is not a parishioner as defined.

Pastor Signature: _____

If you do not belong to a Catholic Parish, please sign here:

Parent's Signature: _____

Financial Assistance: If your family is experiencing financial hardship, you should contact your pastor to discuss financial assistance for your tuition payments. The pastor will determine the assistance to needy families on an individual case basis. For new families entering the school, you are advised to discuss this matter with your pastor **prior** to submitting your application.



St. Patrick Regional Secondary School

Picture, Print and Internet Use Form
2020-2021

Student Last Name

Student First Name

Middle Initial

*This form must be signed and returned for each student attending St. Patrick Regional Secondary. Please see the information booklet for more information regarding the section on **Protecting Your Privacy** policy. Please note that this form is valid for the duration of your child's enrolment at St. Patrick Regional. Should you wish to amend this, please note it is incumbent upon you to do so.*

PICTURE AND PRINT RELEASE AUTHORIZATION (Please sign for one bullet)

- **I give my consent** to having the names and photographs of the children under my care and named above published:

Date: _____ Phone number: _____

Parent Name (please print) _____ Signature: _____

- **I Do Not give my consent** to having the names and photographs of the children under my care and named above published:

Date: _____ Phone Number: _____

Parent Name (please print) _____ Signature: _____

STUDENT NETWORK, INTERNET AND COMPUTER USE AGREEMENT

STUDENT:

I have read, understand and will abide by the principles, which govern technology use at St. Patrick Regional Secondary School.

Student Signature _____

PARENT OR GUARDIAN SECTION:

I have read, understand and will abide by the principles, which govern technology use at St. Patrick Regional Secondary School.

Parent/Guardian Signature _____



GENERAL SCHOOL ADMINISTRATION

FAMILY STATEMENT OF COMMITMENT 411

Rationale

"Motivated by a Christ-centered vision of humanity and human history, our school promotes 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 school. 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 B.C. by Catholic Bishops of B.C.

Policy

All families will be required to complete a Family Statement of Commitment. Partners (home, school, parish) in Catholic Education must work together to provide an environment where faith and learning go hand in hand leading the young people to be the best they can be.

Procedure

The philosophy of our Catholic school expresses the teaching and practice of the Roman Catholic Church and must be supported by all members of the community. Please read the following statements carefully. They ask you to make a commitment to the values and ideals of our school community. If you have any questions or concerns regarding this commitment form, please bring them to the Principal, Pastor or the Chairperson of the Education Committee who will gladly discuss them with you. By returning the signed statement with your completed application, you accept the responsibility of this commitment.

FAMILY STATEMENT OF COMMITMENT

1. Parents and guardians agree that they and their families will exhibit conduct consistent with Catholic denominational standards. The determination of whether any conduct contravenes these standards is the right of the Board of Directors of the Catholic Independent Schools of Vancouver Archdiocese.
2. All students are required to participate in our religious education curricular and co-curricular programs including liturgical celebrations, retreats, prayer, etc.
3. Parents/Guardians are expected to support the teachings on faith and morals in the Religious Education Program and participate in the program as required by the school.
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



GENERAL SCHOOL ADMINISTRATION

FAMILY STATEMENT OF COMMITMENT 411

strive toward the development of his/her full academic potential.

5. Each family is expected to support and participate in the fund-raising activities of the parish/school. This means each family shares in the responsibility of educating our Catholic children.
6. Each student is expected to know and follow school policies on behavior.
7. Parents/Guardians are expected to know and support school policy and procedures.
8. Parents/Guardians are expected to attend at least one orientation session which will focus on the philosophy and goals of our school.
9. Parents/Guardians agree to accept the responsibility for the cost of tuition, supplies and other school activities.
10. If any of these conditions are not met the school reserves the right to: refuse admission, or remove the student from the school.

Please sign both copies. Keep one and return the other with your application.
I have read and understand the above expectations and commitments and I hereby accept them as stated.

Parent/Guardian

Signature: _____

Student Signature:
(Secondary School) _____

Date: _____

Reference:	Approved: Board of Directors
	Date Approved: November, 1996
Cross-reference: Policy 403 – Application/Re-registration Elementary Policy 404 – Application/Re-registration Regional HS Policy 424 - Volunteers	Date(s) Revised: April 6, 2010