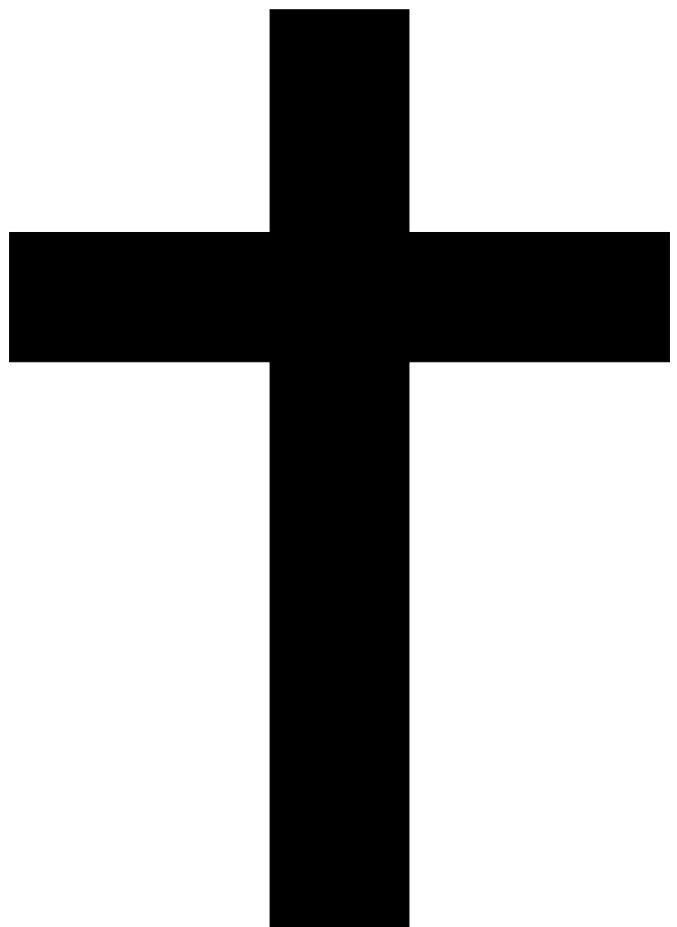


OUR LADY OF THE ASSUMPTION SCHOOL  
2255 FRASER AVENUE, PORT COQUITLAM, B.C.  
V3G 6G8

TELEPHONE: 942-5522 FAX: 942-8313

E-MAIL: [info@assumptionschool.com](mailto:info@assumptionschool.com)

WEBSITE: [www.assumptionschool.com](http://www.assumptionschool.com)



**NEW REGISTRANTS PACKAGE**  
**2010-2011**

**OUR LADY OF THE ASSUMPTION SCHOOL**  
**2255 FRASER AVENUE, PORT COQUITLAM, B.C.**  
**TEL.: 942-5522 FAX.: 942-8313**  
**www.assumptionschool.com**

Dear Parents;

The 2010-2011 school year represents a milestone in the School year. As has always been the case, we the Parish Education Committee continue to strive for the provision of quality education for our parish children. We continue to face challenges in this area particularly as the building of the new church is now underway.

All returning families have a computer generated re-registration form, which needs to be carefully checked and updated. **Please remember to include children who will be entering kindergarten as well as any preschool aged siblings (including their birthdates)** as this enables us to predict the number of spaces available to new families wishing to enter the school.

We are pleased to be issuing income tax receipts for tuition to Assumption School families. The tax receipt will generate a tax credit back to you of approximately 30%. Please keep in mind that the amount of the tax receipt may vary from year to year.

**Once again the tuition rates for the 2010-2011 school year have not been included with this registration package.** Tuition rates will be forthcoming as soon as we have the information available.

We remain dedicated to offering your children the best Catholic education possible at an efficient cost and appreciate your commitment to the school.

Sincerely,  
The Parish Education Committee.

## REGISTRATION DETAILS

As is customary, we shall begin by registering the In-House Population. This will be done during the week of **February 1, 2010 to February 8, 2010.**

If you are registering for Kindergarten in September 2010, please include the \$35 registration fee **ONLY** at this time.

**All cheques are to be made payable to: Our Lady of the Assumption School and MUST be separate (i.e.: textbook fee, parent donation, registration fee, and parent participation cheques)**

1. **Registration Form:** Note – For new students you **must** include copies of: Baptismal, Birth, Immunization Certificates; Proof of Parents Canadian Citizenship or Landed Immigrant Status for both children and parents; and Canadian Citizenship Certificate for children who were born out of the country to Canadian Parents (Ministry form included in package).
2. **Personal Information Privacy Forms** – **Must** be signed and dated by parent/guardian).
3. **Registration Fee:** An Application/Re-registration Fee per family is charged. **This processing fee is non-refundable.** The Application/Re-registration Fee is **\$35.00 per family.** (Separate Cheque –current date)
4. **Consumable Text Fee: \$40.00 (per child from grades 1-7) ( Please send only ONE Cheque per family with current date – this fee is non-refundable)**
5. **Payment Options - You may pay by one of the following options:**
  - a) Automatic Bank Withdrawal. Complete attached bank form and include a void cheque **...OR...**
  - b) One advance total payment **dated Sept. 1/2010 (whole tuition for 2010-11)**
6. **Signed Family Statement of Commitment (please keep the parents copy of this form)**
7. **Participation Intent Form. Note: The Participation Cheques presently on file are undated, therefore, if any additional Participation Cheques are required, you will receive notification in your Registration Package.**
8. **Emergency Preparedness Form (one per child)**
9. **Optional Parent Donation cheque (may be post-dated to October 31, 2010).** The suggested donation is between \$100.00 and \$200.00. **Please make cheque payable to: Assumption Parish and put your church envelope number on the memo line.**

**INSUFFICIENT FUNDS:** If the bank returns an NSF **cheque** to the school, **an additional charge of: \$25.00** will be levied to the family for the 1<sup>st</sup> NSF  
\$50.00 for the 2<sup>nd</sup> NSF and  
\$75.00 for the 3<sup>rd</sup> and subsequent NSF's

**NOTE: As already stated, In-House Registration will conclude February 8th, 2010.** An interview may be required for new families with the Pastor and the Principal upon completion of the Registration requirements. **Notification of Acceptance for new families will be issued as soon as possible.**

**CATHOLIC INDEPENDENT SCHOOLS OF THE VANCOUVER ARCHDIOCESE'S  
PRIORITY OF ACCEPTANCE**

1. Children presently enrolled in the School if they and their families meet the expectations of the School.
2. Siblings of children already in the School, whose families are practicing Catholics active in the Parish.
3. Children whose families are practicing Catholics active in the Parish.
4. Siblings of children already in the School, whose families are practicing Catholics active in other Parishes.
5. Children whose families are practicing Catholics coming into the Parish, who have been attending Catholic School elsewhere.
6. Children whose families are practicing Catholics active in other Parishes.
7. Children whose families are either not practicing Catholics or not active in their Parishes.
8. Non-Catholics. Enrollment of more than 15% non-Catholics in any grade requires the approval of the Board of Directors. Once accepted into the School, non-Catholics need meet only the criteria expected of other students to be re-admitted in subsequent years. Siblings of non-Catholic students cannot be given priority over Catholics.

**\*\*KINDERGARTEN REGISTRANTS MUST BE 5 YEARS OF AGE PRIOR TO DEC. 31/10.**

## UNIFORM

The uniform described below is a requirement for all Assumption School students. A Gym Strip, which is made up of a gray t-shirt, blue soccer style shorts and white gym shoes, is also mandatory for all students from Grade 1 to Grade 7, inclusive.

Uniform pieces are available through Neat Uniforms located at 1050 Boundary Road, Burnaby, B.C., V5K 4T3. They can be reached by phone 604-205-7560, or 1-800-668-8261 (call centre) or by going to their website at [www.neatuniforms.ca](http://www.neatuniforms.ca) where you are able to place an order. Parents are encouraged to order their children's uniforms on the Neat Uniforms website.

**Order Dates:** Uniform samples are available at the school with the opportunity for fittings in the Spring. If you wish to have your children try on sample sizes, we will be posting a date and time for this in both the school newsletter and on the website.

Sweater orders are still being processed by our Uniform Coordinator (contact the school office for this individual's name and phone number). A limited amount of sweater stock is available throughout the year through the Uniform Coordinator.

### **GIRLS:**

Tunic, Culottes, Pleated skirt, or Kilt in OLA tartan\*

Shirt\*: White, short-sleeved golf shirt, school name embroidered on left side OR

Blouse: White, plain collar, long or short-sleeved (to be worn with tunic)

Cardigan\* OR Pullover\*: mandatory part of uniform, navy blue, school crest sewn on left side

Socks: white or navy blue, ankle or knee high, white or navy blue leotards

Dress Shoes: navy blue or black leather dress shoes. (runners for day wear are to be predominantly black)

**N.B. No nail polish, make-up, or excessive jewelry is permitted.**

### **BOYS:**

Dress pants: navy blue

Walking shorts: navy blue

Shirt\*: White, short-sleeved golf shirt, School name embroidered on left side

Cardigan\* OR Pullover\*: mandatory part of uniform, navy blue, School crest sewn on left side

Socks: White or navy blue

Dress shoes: Navy blue or black leather dress shoes (if runners, must be predominantly black)

**\*THESE ITEMS MUST BE ORDERED FROM OUR SUPPLIER.**

**Students are expected to wear the School uniform every day. They are expected to be clean, neat and tidy. A student not wearing the complete uniforms will be given a warning.**

Parents Education Committee (PEC)  
Our Lady of Assumption School (OLA)  
2255 Fraser Avenue, Port Coquitlam, B.C.,  
V3B 2L2 Tel: 604-942-5522

Re: Monthly Tuition Scale for 2010-2011

Dear Parents,

We, the Parents Education Committee (PEC) of Our Lady of Assumption School (OLA), would like to provide some insight regarding the tuition rate increases for the upcoming year 2010-2011. Given the tougher economic times we are facing, globally and in Canada, the PEC has had to come up with the most fiscally feasible tuition increase to meet the increase in our budget costs but at the same time, keeping in mind and being empathetic to the challenges our own parents face due to the economic environment.

Some points to keep in at the forefront, when reviewing and budgeting for your children's tuition fees for OLA.

Firstly, the Board of Directors of the Catholic Independent Schools of Vancouver Archdiocese (CISVA) has mandated an increase of its teacher's salaries by 2.5%, based on their employment contract. As 85% of our budget is payroll, for that matter, most school budgets fit the same breakdown when it comes to payroll; it has resulted in an increase in our expenses. To meet this increase, we were challenged to one cut and tighten some of our other expense lines and increase tuition fees.

Secondly, the Board of Directors of the CISVA did approve the PECs in the District a range to increase tuition fees between \$10 and \$15 for the One Child Rate. As stated earlier, keeping in mind the economic environment we all currently face, we the PEC have only increased fees on OLA's 1 Child Rate by the minimum \$10 to \$213, Two Children rate by \$25 to \$382 and the Family Rate by \$40 to \$451.

These tuition rate increases, with over \$20,000 in cuts to other expense lines and an increased emphasis on fundraising, we will be opening the new school year with a leaner and more realistic budget.

If you have any questions, concerns or feedback it will greatly appreciated. These inquiries should be directed through the office at OLA.

Thank you for your in advance for your understanding.

Sincerely,  
Christopher D'Sena,  
Treasurer, OLA School

## MONTHLY TUITION SCALE FOR 2010-2011

The table below summarizes the monthly tuition fee for the 2010-2011 school year.

	Parishioner	Non-Parishioner
	<b>Participating Families</b>	
	<b>A</b>	<b>B</b>
<b>One Child Only</b>	<b>\$213</b>	<b>\$263</b> <b>(\$213+\$50)</b>
<b>Two Children</b>	<b>\$382</b>	<b>\$457</b> <b>(\$382+ \$75)</b>
<b>Family Rate</b>	<b>\$451</b>	<b>\$551</b> <b>(\$451 +100)</b>
	<b>Non-Participating Families</b>	
	<b>C</b>	<b>D</b>
<b>One Child Only</b>	<b>\$338</b> <b>(\$213+125)</b>	<b>\$388</b> <b>(\$263+\$125)</b>
<b>Two Children</b>	<b>\$507</b> <b>(\$382+\$125)</b>	<b>\$582</b> <b>(\$457+125)</b>
<b>Family Rate</b>	<b>\$576</b> <b>(\$451+\$125)</b>	<b>\$676</b> <b>(\$551+\$125)</b>

"Parishioners" are Catholic families who are solely registered with Our Lady of Assumption Parish and regularly attend Sunday Mass. Use of OLOA Collection Envelopes will serve as confirmation.

"Non-Parishioners" are Catholic families who regularly attend Sunday Mass but who do not use OLA Collection Envelopes.

"Participating Families" are families who provide their services as required under Assumption School Participating Policy.



**OUR LADY OF THE ASSUMPTION SCHOOL**  
**2255 FRASER AVENUE, PORT COQUITLAM, B.C.**  
**TEL.: 942-5522 FAX: 942-8313**  
**Principal: Mr. J. van der Pauw**  
[www.assumptionschool.com](http://www.assumptionschool.com)



**For School Year 2010-2011**

**Re: Parent Volunteer – Criminal Record Checks**

Dear Parents,

A Catholic Independent Schools of Vancouver Archdiocese (CISVA) policy has been implemented that requires all parent volunteers to complete a Criminal Record Check. As you are aware, Our Lady of the Assumption School is blessed with tremendous support from many parents who volunteer in various capacities. These areas include, but are not limited to, **library/noon hour supervisors and drivers for fieldtrips and sporting events.** I understand that this may be an onerous task, but please take the time to complete this form, present it to the RCMP detachment listed below, and submit it to our office as soon as possible so that we can continue to offer fieldtrips and sporting events that require parent drivers. Any Criminal Record Checks that have been completed in 2010 will fulfill our requirements.

All Criminal Record Checks are to be only at the following local RCMP detachment. **They are free of charge if you present them with this volunteer’s letter.**

**R.C.M.P., Coquitlam Detachment,  
 2986 Guildford WAY, COQUITLAM, V3B 7Y5, (604) 945-1550**

Thank you for your cooperation in this matter.

Mr. J. van der Pauw, Principal  
 Our Lady of the Assumption School.



**PARENT VOLUNTEER’S LETTER**

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

To Whom It May Concern:

This letter is to verify that \_\_\_\_\_ provides services to Our Lady of the Assumption School in a volunteer capacity.

If you require further information, please contact me at the above address.

Yours Truly,  
 Mr. J. van der Pauw, Principal,  
 Our Lady of the Assumption School.



**OUR LADY OF ASSUMPTION SCHOOL  
REGISTRATION APPLICATION 2010-2011**



**PLEASE PRINT CLEARLY AND PROVIDE DETAILED INFORMATION**

FAMILY NAME: \_\_\_\_\_ HOME PHONE NUMBER: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ FATHER'S WORK NUMBER: \_\_\_\_\_  
 CITY: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_  
 POSTAL CODE: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_  
 MAIN LANGUAGE SPOKEN AT HOME: \_\_\_\_\_ MOTHER'S WORK NUMBER: \_\_\_\_\_  
 CELL NUMBER: \_\_\_\_\_  
 E-MAIL ADDRESS: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

*(The Friday School Newsletter and special notices will be sent to your e-mail address each week)*

FAMILY DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

CHILD'S FIRST NAME RELIGION	MIDDLE NAME(S)	SEX	GRADE	DAY/MO./YR BIRTHDATE	BIRTH PROVINCE	CARE CARD NO.

CITIZENSHIP: CANADIAN \_\_\_\_\_ LANDED IMMIGRANT: \_\_\_\_\_ PARENTS CITIZENSHIP: \_\_\_\_\_

FATHER'S FIRST NAME: \_\_\_\_\_ RELIGION: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

MOTHER'S FIRST NAME: \_\_\_\_\_ RELIGION: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

PRIMARY EMERGENCY CONTACT: (**Not Parents**) \_\_\_\_\_ PHONE: \_\_\_\_\_

EMERGENCY CONTACT OUT OF PROVINCE: NAME \_\_\_\_\_ PHONE: \_\_\_\_\_

**SPECIFIC HEALTH CONDITIONS OR SPECIAL EDUCATION CONCERNS:**

\_\_\_\_\_

\_\_\_\_\_

PARISH NAME: \_\_\_\_\_ PARISH ENVELOPE NUMBER: \_\_\_\_\_

TUITION CATEGORY: A B C D (CIRCLE THE APPROPRIATE LETTER)

**WE HAVE READ THE FOREGOING AND THE PARTICIPATION GUIDELINES, AND AGREE TO COMPLY WITH ALL THE ASSUMPTION SCHOOL POLICIES SET FORTH BY THE EDUCATION COMMITTEE.**

PARENT SIGNATURES: \_\_\_\_\_, \_\_\_\_\_ DATE: \_\_\_\_\_

<u>FOR</u>	Reg. Form _____	Reg. Fee _____	Text Fee _____	Emergency Form _____	Family Statement of Comm. _____
<u>OFFICE USE</u>	Participation Form _____	Participation Ck.'s _____	Tuition: Bank Form _____	Void.Cheq. _____	
<u>ONLY</u>	E-Mail _____	Legal Residency Form _____	New Students Birth/Baptism Cert. /Immunization _____		
	P.I.P.A. Forms _____	Donation Cheque \$ _____	Sibling Form _____		

**OUR LADY OF THE ASSUMPTION SCHOOL**

**NEWSLETTER E-MAIL INFORMATION  
2010-2011**

**Every Friday the School Newsletter is e-mailed to all parents of Our Lady of the Assumption School as well as other information notices. Please provide us with your e-mail address on the space provided below.**

**Please print clearly**

\_\_\_\_\_ **E-MAIL ADDRESS**

**Parents Name: \_\_\_\_\_ (Please print)**

**Oldest Child's Name: \_\_\_\_\_**

**Note: If your last name is different than that of your child (children), please remember to print your oldest child's FULL name on the line provided**

**OUR LADY OF THE ASSUMPTION SCHOOL**

**PARENT PARTICIPATION INFORMATION  
REGISTRATION 2010-211**

The parent participation program is an important dimension of the operation at our school. The purpose of the program is to promote a spirit of community and pride amongst our families, and provide tangible economic benefits to our school.

Families that are interested in applying for the Participation Program must indicate this on the registration form. Specialized skills that are identified will help the Participation Coordinator to fill positions as they become available. Parents are required to attend a mandatory meeting in the spring (date to be announced each year). The purpose of this meeting is to outline the Participation Program and the requirements of the program. Upon acceptance a participating family is required to commit a **minimum of 50 hours of parent participation each year. The participation year runs a full 12 months from July 1 to June 30.** Using the Bingo model as a baseline most workers are required to work at least 4 hours 13 times a year, totaling 52 hours per year.

The Education Committee requires from all Participating parents a set of **twelve undated cheques. Ten cheques will be in the amount of \$25.00** each and will be cashed when a participation shift is missed at the rate of \$25.00 per hour for each hour missed. **Two cheques will be in the amount of \$250.00** and will be applied towards any outstanding participation hours at the end of the school year based on the rate of \$25.00 per hour for each hour not completed of your 50 hour requirement.

**The Education Committee would like to reinforce that it is against policy to hire outside help to fulfill your participation requirements and therefore unacceptable.** Parents wishing to change their participation category may apply to do so by completing a category transfer request form available at the school office. Please note that most transfers take place in the spring.

**Please confirm your intent in regards to our Parent Participation Program by completing the following form. Please circle only one option.**

**OLDEST CHILD'S LAST NAME \_\_\_\_\_**

**OUR LADY OF THE ASSUMPTION SCHOOL**  
**PARENT PARTICIPATION APPLICATION 2010-2011**

Father's First Name \_\_\_\_\_ Father's Last Name \_\_\_\_\_

Mother's First Name \_\_\_\_\_ Mother's Last Name \_\_\_\_\_

Name of child (First) \_\_\_\_\_ (Last Name if different from arents) \_\_\_\_\_  
Grade entering in 2010 \_\_\_\_\_

Name of child (First) \_\_\_\_\_ (Last name if different from parents) \_\_\_\_\_  
Grade entering in 2010 \_\_\_\_\_

Name of child (First) \_\_\_\_\_ (Last name if different from parents) \_\_\_\_\_  
Grade entering in 2010 \_\_\_\_\_

Name of child (First) \_\_\_\_\_ (Last name if different from parents) \_\_\_\_\_  
Grade entering in 2010 \_\_\_\_\_

Home phone number \_\_\_\_\_ Email: \_\_\_\_\_

Work # Father \_\_\_\_\_ Work #Mother \_\_\_\_\_

Cell Father \_\_\_\_\_ Cell Mother \_\_\_\_\_

**CATEGORIES**

**A: I currently participate in (category) \_\_\_\_\_ and would like to continue in this category.**

**B: I will not be involved in the Parent Participation Program and therefore will be paying tuition at the non-participating rate (see tuition schedule).**

**C: I would like to apply to the Parent Participation Program. I have experience and/or skill in the following areas:**

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

**OLDEST CHILD'S LAST NAME \_\_\_\_\_**

**OUR LADY OF THE ASSUMPTION SCHOOL**

**PRE-SCHOOL AGED SIBLING INFORMATION LIST  
2010-2011**

In order that we may more accurately predict the number of siblings that will be entering Kindergarten in future years, we ask that you please take a moment to fill out this very important form.

**PLEASE PRINT CLEARLY**

Family Name: \_\_\_\_\_

If you already have a child (children) who attend Our Lady of the Assumption School, please provide their name(s) and grade level(s).

Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
(First and last name) (As of Sept. 2010)

Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
(First and last name) (As of Sept. 2010)

Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
(First and last name) (As of Sept. 2010)

Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
(First and last name) (As of Sept. 2010)

Please provide names, ages and birthdates of all siblings that are not yet of elementary school age (from 0 to 4 years of age):

Name \_\_\_\_\_ Birthdate: \_\_\_\_\_  
(First and last name) (Month and Year)

Name \_\_\_\_\_ Birthdate: \_\_\_\_\_  
(First and last name) (Month and Year)

Name \_\_\_\_\_ Birthdate: \_\_\_\_\_  
(First and last name) (Month and Year)

**OLDEST CHILD'S LAST NAME** \_\_\_\_\_

## **FAMILY STATEMENT OF COMMITMENT**

### **PHILOSOPHY:**

“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.

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.

The following statements support the goals and philosophy of our Catholic School and need to be accepted and supported by all members of the community. Read them 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.

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 Religious Education Program and participate in it as required.
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 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.

If any of these conditions are not met the school reserves the right to:

- a. refuse admission or
- b. remove the student from the school

---

Please sign both copies. Keep one and return the other with your application.

I \_\_\_\_\_ have read and understood the above expectations and commitments and  
Name, please print I hereby accept them as stated.

**PARENTS/GUARDIAN SIGNATURE:** \_\_\_\_\_, \_\_\_\_\_

**DATE:** \_\_\_\_\_, **2010**

**OLDEST CHILD’S LAST NAME** \_\_\_\_\_

## **FAMILY STATEMENT OF COMMITMENT**

### **PHILOSOPHY:**

“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.

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.

The following statements support the goals and philosophy of our Catholic School and need to be accepted and supported by all members of the community. Read them 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.

10. 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.
11. All students are required to participate in our religious education curricular and co-curricular programs including liturgical celebrations, retreats, prayer, etc.
12. Parents/guardians are expected to support the Religious Education Program and participate in it as required.
13. 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 academic potential.
14. 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.
15. Each student is expected to know and follow school policies on behavior.
16. Parents/guardians are expected to know and support school policy and procedures.
17. Parents/guardians are expected to attend at least one orientation session which will focus on the philosophy and goals of our school.
18. Parents/guardians agree to accept the responsibility for the cost of tuition, supplies and other school activities.

If any of these conditions are not met the school reserves the right to:

- c. refuse admission or
- d. remove the student from the school

---

Please sign both copies. Keep one and return the other with your application.

I \_\_\_\_\_ have read and understood the above expectations and commitments and  
Name, please print I hereby accept them as stated

**PARENTS/GUARDIAN SIGNATURE:** \_\_\_\_\_, \_\_\_\_\_

**DATED:** \_\_\_\_\_, **2010**

OUR LADY OF THE ASSUMPTION SCHOOL  
EMERGENCY CONTACT INFORMATION 2010-2011

Student's Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Care Card # \_\_\_\_\_  
Family Doctor: \_\_\_\_\_ Phone No. \_\_\_\_\_

Medical Alert Information: \_\_\_\_\_  
\_\_\_\_\_

Teacher(s): \_\_\_\_\_  
Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_

**Attach picture above.**

FAMILY INFORMATION:

Mother's Name: _____	Father's Name: _____
Address: _____	Address: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Employer: _____	Employer: _____
Work Address: _____	Work Address: _____

MEDICATION AUTHORIZATION: I hereby give permission to OLA School staff to administer weight appropriate dosage non-prescription drugs such as Tylenol, Gravol or anti-histamines. YES \_\_\_\_\_ NO \_\_\_\_\_ Parent Signature: \_\_\_\_\_

ALL PERSONS LISTED BELOW AS CONTACTS MUST BE AWARE THAT YOU HAVE PLACED THEM ON THIS FORM

Primary Contact: In case of an illness or injury which may occur during a normal school day, and only where the school cannot contact either parent, the person listed below has accepted the responsibility associated with being a Primary Emergency Contact for my child(ren).

NAME: \_\_\_\_\_ (please print) Telephone \_\_\_\_\_

Natural Disaster Contacts: In the event of a controlled student release (e.g. earthquake, fire, etc.) the persons listed below understand and accept responsibilities associated with being an emergency contact for my child(ren). I understand that in the event of such a release, only the contacts listed below will be able to claim my children (except medical or emergency personnel). Upon the release of my child a record shall be kept of the name or authorized person, time of release and expected destination.

NOTE: The Primary Contact person should also be named as one of your Natural Disaster Contacts.

NAME: (Please print)	ADDRESS:	TELEPHONE NUMBER(S):
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

OUT OF PROVINCE CONTACT:

NAME: (Please print)	ADDRESS: City & Province or State	TELEPHONE NUMBER(S):
_____	_____	_____

**NEXT OF KIN:** Persons listed should **NOT LIVE** at the same address as the student

NAME: (Please print)	ADDRESS:	TELEPHONE NUMBER(S)
1. _____	_____	_____
Relationship: _____		
2. _____	_____	_____
Relationship: _____		

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

OLDEST CHILD'S LAST NAME \_\_\_\_\_

OUR LADY OF THE ASSUMPTION SCHOOL  
STUDENT RELEASE INFORMATION  
2010-2011  
(Please Print Clearly)

Student Name: \_\_\_\_\_ (Please Print)

Grade in 2010-2011: \_\_\_\_\_

In the event of fire, earthquake or other serious emergency, the school may implement a controlled release of students for their safety and well being. Should this be necessary, the school will only release your child to those person(s) authorized on the Emergency Contact portion of this form or, if necessary, to emergency medical personnel.

Parents/Legal  
Guardians:

PRINT (Last Name) (First Name)

PRINT (Last Name) (First Name)

We authorize the release of the above child into the custody of any person(s) listed on side one of this form should either parents/guardians be unable to reach the school.

Note: Authorized person(s) MUST be the same as "Natural Disaster Contacts" listed on the Emergency Contact Form.

---

**FOR SCHOOL USE ONLY**

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

Student released to: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Signature of Authorized Person (s): \_\_\_\_\_

First Destination: \_\_\_\_\_

Final Destination: \_\_\_\_\_

**PAYER'S PAD AGREEMENT**  
**Authorization of the Payer to the Payee to Direct Debit an Account**

**INSTRUCTIONS:**

1. Please complete all sections in order to instruct your financial institution to make payments directly from your account.
2. Attach to the completed form a blank cheque marked "VOID" to the Payee at the address noted below.
3. If you have any questions, please write or call the Payee at 604-942-5522

**STUDENT NAME:** \_\_\_\_\_ (please print)

- Pre-authorization is given for **10** monthly debits in the amount of \$ \_\_\_\_\_ for the months of September 17, 2010 to June 17<sup>th</sup>, 2011 inclusive.
- Debits will take place on the seventeenth (17<sup>th</sup>) day of each month.

**NB.** In order to facilitate any changes to your account, the school office must receive the information at least 10 days before the withdrawal is due.

**PAYOR INFORMATION**

<b>Payor's Name:</b>	
<b>Address:</b>	
<b>Signature of Payor(s):</b>	<b>Date Signed:</b>

**PAYOR'S FINANCIAL INSTITUTION, BANKING INFORMATION and VOID CHEQUE**

<b>Bank Number</b>	<b>Branch Transit #</b>	<b>Bank Account Number:</b>
<b>Name of Financial Institution:</b>		
<b>Branch:</b>		
<b>Branch Address:</b>		
<b>City/Province</b>		<b>Postal Code:</b>

**PAYEE INFORMATION**

<b>Payee Name(s):</b> Our Lady of the Assumption School	
<b>Address:</b> 2255 Fraser Avenue, Port Coquitlam, B.C.	
<b>Telephone:</b> 604-942-5522	<b>Postal Code:</b> V3B 6G8

# **PERSONAL INFORMATION PROTECTION ACT PARENTAL CONSENT FORM**

---

**FEBRUARY 2010**

## **STUDENT REGISTRATION FORMS PARENT PERSONAL INFORMATION EMERGENCY CONTACT INFORMATION**

--The purpose of the Act is to govern the collection, use and disclosure of personal information by organizations in a manner that recognizes both the right of individuals to protect their personal information and the need of the organization to collect, use or disclose personal information for purposes that a reasonable person would consider appropriate in the circumstances. (Bill 38 2003).—

Each year as parents you fill out the school's required registration form as well as providing the school with emergency information. With the new privacy act coming into law January 2004 we are required to disclose to you how the information in the registration form is used. We are also required to obtain your signature of consent that you understand how the registration and emergency information is used. After reading the information provided, please sign and return to the school along with your registration and emergency information.

The school also makes up family lists with telephone numbers. These lists are provided to your child's classroom teacher. The Parish Education Committee also is provided with a family list that is related to Participation. From the office list we sometimes help parents locate other parents in their neighborhood for car pooling. This family directory list is also used for emergency purposes and a copy is kept with our emergency container in the backyard.

As you are aware some of your children's work is displayed in the hall or in the classrooms. On occasion photographs of your child are also displayed. Promotional material relates only to special displays that may occur within the school or parish community. This practice has been occurring since the creation of schools and rarely if ever presents a problem. Your signature is however now required since the school allows public access via the parish and other community events that occur through the gym rental. A separate form will be provided giving consent or non-consent to promotional material that appears in local newspapers or other media outlets (your child's photo and name appearing in the TRI – City newspaper for example).

OLDEST CHILD'S LAST NAME \_\_\_\_\_

**Our Lady of the Assumption School  
Personal Information Protection Act  
Parental Consent Form**

---

FEBRUARY 2010

NAME OF STUDENT \_\_\_\_\_  
Last Name First Name

STUDENT REGISTRATION FORMS

The following explains the purpose, use and disclosure of information contained in the registration form. At the end of the explanation your signature is required indicating that you read, understand and give your consent.

1. I consent to having **Our Lady of the Assumption School** and its authorized personnel collect personal information that **may** include student identification information, birth certificate, baptismal certificate, immigration information, legal guardianship, court orders as applicable, parents work numbers and cell phone, e-mail address, recent report card record with behaviour and academic standings, health information, doctor's name and number, health insurance number, emergency contact names and any similar information needed for registration.

This information is required in order to register or re-register your child at Our Lady of the Assumption School and assist the school in making an informed decision as to grade placement, special needs programs, learning assistance and any other programs that may be available. It will also allow the school to respond immediately to an emergency and enhance the safety of your child while at school. For more information, the privacy officers for Our Lady of the Assumption School are Mr. van der Pauw and Mrs. Kazun.

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

2. The school may prepare a family phone list (car pool, class list etc.) for a family phone directory. If you **DO NOT** want your phone number and address included, please check **NO** and sign (this does not include class lists that are provided to teachers for professional use).

\_\_\_\_\_ **NO** Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OLDEST CHILD'S LAST NAME** \_\_\_\_\_

3. I consent to having photographs and work samples of my child(ren) used by Our Lady of the Assumption School on school bulletin boards, in school newsletters and school promotional material within the school/parish community only.

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

**PARENT PERSONAL INFORMATION**

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 this information will only be released in the event of an accident.

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

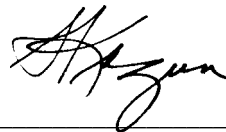
2. I consent to having my participation hours posted at school and on the school website.

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

Our Lady of the Assumption 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 store as securely as possible all electronic and hard copy of parent and student personal information.



\_\_\_\_\_  
**Mr. John van der Pauw**  
Privacy Manager.



\_\_\_\_\_  
**Mrs. Sharon Kazun**  
Privacy Manager.

## PARENT INFORMATION AND CONSENT FORM

**Topic:** Media /photo opportunities

**Date:** February 2010

Dear Parents

As you may be aware there have been events in the school that have been published in the TRI-City News, B.C. Catholic, and other media outlets. Our Lady of the Assumption School has its own web-site that is accessible to the public ([www.assumptionschool.com](http://www.assumptionschool.com)). Your child's photo may be taken at a school activity either by one of our parents or by an invited media outlet. This often occurs when we put on our Musical or more recent events such as Jump Rope for the heart foundation, or the garden project. Your child's photo could then appear in the newspaper and/or the school's website.

Newspaper outlets often ask for the full names of individuals whose photo is to appear in their paper along with our school name. While we would like to continue to share with our community the activities and the good things that are happening at Assumption, we wish to be sensitive to your feelings and wishes as to whether your child should appear in newspapers, our web-site or other media events and outlets.

Please fill in the consent form on the next page, which will be kept on file.

---

OLDEST CHILD'S LAST NAME \_\_\_\_\_

**Parent Consent Form  
(Photographs/Published Names)**

In accordance with the Freedom of Information and Protection of Privacy Act, Our Lady of the Assumption School requires consent to use personal information for purposes unrelated (that is the media) to educational curriculum or school programs.

**Release of Student Photographs/Names**

Our Lady of the Assumption School requests permission to use photographs/videos/ names of individual students and groups of students in a variety of publications to promote the school. This could include newsletters, brochures, newspapers, magazines, reports, Assumption web-site, radio, videos or television. This would include permission for your child to be photographed by the media (TV or newspaper) for events relating to the school.

**Please check mark one of the statements below and sign.**

\_\_\_\_\_ **NO - I/we do not** give consent for the publication of my/our child's **photograph/name** and comments for purposes consistent with the above.

\_\_\_\_\_ **YES - I/we give permission** for my son's/daughter's **photograph only** (no name to be provided) to be published with comments about the event for the purposes consistent with the above information.

**FAMILY NAME:** \_\_\_\_\_

First Name _____	Grade _____
First Name _____	Grade _____
First Name _____	Grade _____
First Name _____	Grade _____
First Name _____	Grade _____

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



OLDEST CHILD'S LAST NAME \_\_\_\_\_

**Appendix A**

The following are suggested formats for Student Registration Forms to verify parental legal guardian lawful admission to Canada and residency in British Columbia. This information should be included in the General Student Record.

**LEGAL RESIDENCY OF PARENT - 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.

***(Lawfully admitted into Canada) 1.***

I am (please X 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 mark the appropriate box 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)***

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

Yes      Residency address: \_\_\_\_\_

No,      I am not a resident of British Columbia

**Confirming signature:**

3. Parent's/legal guardian's name: \_\_\_\_\_

Parent's/legal guardian's signature: \_\_\_\_\_

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