

OUR LADY OF THE ASSUMPTION SCHOOL

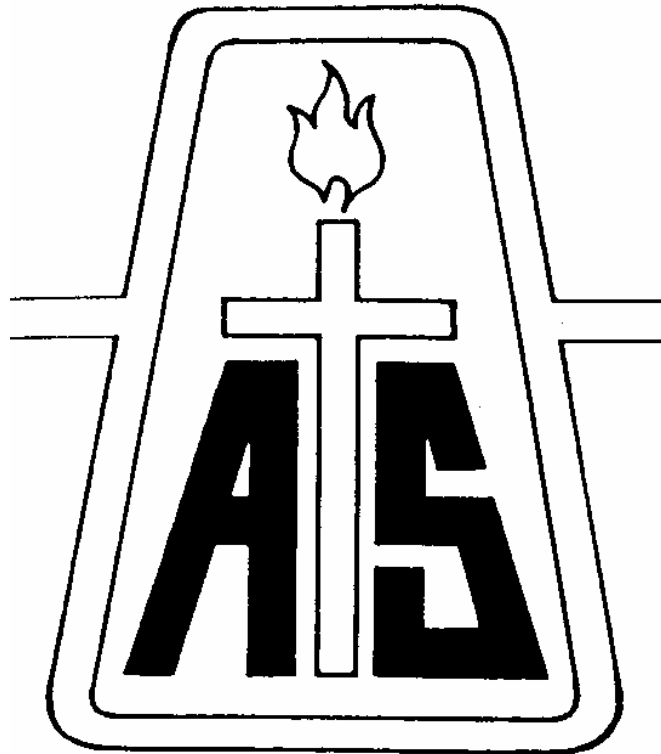
2255 FRASER AVENUE,

PORT COQUITLAM, B.C. V3G 6G8

Telephone: 942-5522 FAX: 942-8313

E-mail: info@assumptionschool.com

Website: www.assumptionschool.com



NEW REGISTRANTS GR. 1 -7 PACKAGE

2012-2013

OUR LADY OF THE ASSUMPTION SCHOOL
2255 FRASER AVENUE, PORT COQUITLAM, B.C.
TEL.: 604-942-5522 FAX.: 604-942-8313
E-mail : info@assumptionschool.com Website: www.assumptionschool.com

Dear Parents;

We welcome you as you begin preparations for registering at Our Lady of the Assumption School for the 2012-13 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. As well we make every effort to make this affordable for all families involved.

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. Please keep in mind that the amount of the tax receipt may vary from year to year.

The tuition rates for the 2012-13 school year have not been included with this registration package. Tuition rates will be forthcoming as soon as we have the information available from the CISVA Board of Directors.

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.

NEW REGISTRANTS GR. 1 - 7 DETAILS AND CHECK LIST

Registration packages will be taken on Monday, Wednesday or Friday mornings between the hours of 8:30 am until 12 noon each day. Office personnel will go through the registration package with you to insure that it is complete before you leave the office.

- All Registration forms and cheques must be completed in full and returned before your child/children will be registered.
- 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)

MANDATORY FORMS REQUIRED:

- **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).
- **Registration Fee:** A re-registration application fee of \$50 per family will be charged. **This fee is non-refundable.**
- **Consumable Text Fee:** \$40.00 (per child from grades 1-7) Send ONE Cheque per family. **This fee is non-refundable.**
- **Emergency Contact Information Form** – One form per child required
- **Student Release Information**
- **Payor's PAD Agreement Form** – along with one of the following options
 1. Automatic Bank Withdrawal – attach a void cheque to the **Payor's PAD Agreement Form**
...OR...
 2. Include a cheque for the total tuition payment for 2012-13: **dated Sept. 1/2012**
- **Personal Information Privacy Forms** – **Must** be signed and dated by parent/guardian).
- **Parent Consent Form (Photographs/Published Names)**
- **Legal Residency of Parent Form**
- **Parent Participation Application Form:** Along with the Participation Application Form, we require 10 **undated** cheques of \$25 each as well as 2 **undated** cheques of \$250 ea. These cheques will only be cashed if your parent participation is missed.
- **Family Statement of Commitment Form** – Note: This form is in duplicate, please retain the Parent's Copy for your own records.
- **Newsletter Email Information form**
- **Optional Parent Donation cheque** (may be post-dated to October 31, 2012). The suggested donation is between \$100.00 and \$200.00. **Please make cheque payable to: Assumption Parish and put your church envelope number and "School Donation" on the memo line.**

FORMS TO BE FILLED OUT – IF APPLICABLE

- **Criminal Record Check Form** - (If you would like to volunteer in the school or attend any fieldtrips. To be taken to RCMP Coquitlam Detachment - 2986 Guildford Way, Coquitlam **after acceptance** only)
- **Severe Allergies Alert Form**
- **Pre-School Aged Sibling Information List**

**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. 31/12.**

NOTE:

An interview is required for all 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.

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 where you are able to place an order. Parents are encouraged to order their children's uniforms on the Neat Uniforms website. If you have any questions, please contact Neat Uniforms Representative Sam at skhimani@rjmccarthy.com

NEAT UNIFORMS – MISSION STATEMENT:

"To create the world's highest quality school uniforms in a socially responsible way"

Neat Uniforms and its parent company R.J. McCarthy uphold a "zero tolerance" policy regarding the ethical production of all their uniform products, e.g. no child labour, sweatshop labour, harassment of workers or discrimination will be tolerated in any of their domestic or overseas factories.

Order Dates: Please watch the newsletter and website for postings regarding uniform ordering.

A limited amount of sweater stock is available throughout the year through the Uniform Coordinator. Sweaters are also available directly from Neat Uniforms.

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.

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.

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**

Parish 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 2012-2013

Dear Parents,

We, the Parish Education Committee (PEC) of Our Lady of Assumption School (OLA), would like to provide some insight regarding the tuition.

Firstly, the Board of Directors of the Catholic Independent Schools of Vancouver Archdiocese (CISVA) has the mandate to set tuition guidelines for all CISVA schools. The local PEC must set local rates within the guideline range.

Secondly, the Board of Directors of the CISVA bases tuition guidelines on related employee (teachers/support staff) salary increases/agreements. They also keep in mind the economic environment we all live in as well as the operational needs of a school to provide a Catholic education to students.

This past year the Board of Directors approved a range increase of tuition between \$10 and \$15 for the 'One Child Rate – Parishioner/Participating'. Last year we, the PEC, took the minimum guideline rate of \$10 for the one child rate and increased proportionally the tuition rate for two children and tuition rate for family (three or more children).

At the time of this letter the tuition guideline rates set by the Board of Directors has not been published. It has, however, been an objective of the PEC to keep the operational budget of the school realistic and to keep tuition as reasonable and affordable as possible. It is also the will of the Pastor and the PEC that no child is denied a Catholic education due to tuition and for these reason arrangements can be made as circumstances dictate.

Lastly, but most importantly, the obligation of participation in the school as reflected in the tuition rate is vitally important to the school. Your commitment to the participation program keeps costs down, and provides more flexibility in the 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.

Note: The tuition scale for the 2012-13 school year will be sent to parents and will be available online as soon as possible. Please use the scale below as a close guideline.

MONTHLY TUITION SCALE FOR 2011-2012

	Parishioner	Non-Parishioner
	Participating Families	
	A	B
One Child Only	\$223	\$273 (\$223+\$50)
Two Children	\$392	\$467 (\$392+ \$75)
Family Rate	\$461	\$561 (\$461 +100)
	Non-Participating Families	
	C	D
One Child Only	\$348 (\$223+\$125)	\$398 (\$273+\$125)
Two Children	\$517 (\$392+\$125)	\$592 (\$467+\$125)
Family Rate	\$586 (\$461+\$125)	\$686 (\$561+\$125)

"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.

OLA INSUFFICIENT FUNDS POLICY

If the bank returns an NSF cheque to the school, an additional charge of:

\$25.00 will be levied to the family for the 1st NSF

\$50.00 for the 2nd NSF and

\$75.00 for the 3rd and subsequent NSF's



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Principal: Ms. R. Heffernan
www.assumptionschool.com



For School Year 2012-13 only

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 2012 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.

Ms. R. Heffernan, Principal
 Our Lady of the Assumption School.



PARENT VOLUNTEER’S LETTER

Date: _____

To Whom It May Concern:

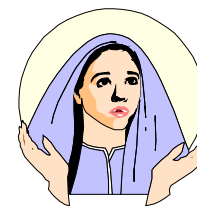
This letter is to verify that _____ provides services to Our Lady of the Assumption School in a volunteer capacity.

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

Yours Truly,
 Ms. R. Heffernan, Principal,
 Our Lady of the Assumption School.



**OUR LADY OF ASSUMPTION SCHOOL
REGISTRATION APPLICATION 2012-2013**



PLEASE PRINT CLEARLY AND PROVIDE DETAILED INFORMATION

FAMILY NAME: _____ HOME PHONE NUMBER: _____
 ADDRESS: _____ FATHER'S WORK NUMBER: _____
 CITY: _____ FATHER'S CELL NUMBER: _____
 POSTAL CODE: _____ EMPLOYER: _____
 MAIN LANGUAGE SPOKEN AT HOME: _____ MOTHER'S WORK NUMBER: _____
 MOTHER'S CELL NUMBER: _____
 EMPLOYER: _____

E-MAIL ADDRESS: _____
 (The Friday School Newsletter and special notices will be sent to your e-mail address each week)

FAMILY DOCTOR: _____ **PHONE:** _____

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

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:** _____

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

OLDEST CHILD'S LAST NAME _____

OUR LADY OF THE ASSUMPTION SCHOOL

**NEWSLETTER E-MAIL INFORMATION
2012-2013**

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 2012-2013

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. Before extra hours can be credited, **the hours in the category that one is in must first be fulfilled.** The intent of 'extra hours' is to help those parents who **will not meet** the required number of hours in their own category.

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 2012-2013**

Father's First Name _____ Father's Last Name _____

Mother's First Name _____ Mother's Last Name _____

Home phone number _____ Email: _____

Work # Father _____ Work Mother _____

Cell Father _____ Cell Mother _____

Which parent will be completing the participation hours for the family: _____

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:

Categories		
Weekday (School Hours)	Evenings and/or Weekends	Flexible
Library	Bingo	Webmaster
Lunch Hour Supervision	Bingo Clean-up	Coffee & Donut coordinator
Kindergarten Supervision	Bingo Concession	Fundraising
Bingo set-up	Bible Tots	
School Photographer	PREP Teacher	
Uniform Coordinator	Education Committee	
Church Clean up	Maintenance	
Office Assistant	School cleaning	
Pick-up/Drop-off Supervision		

Please indicate which times (may choose more than one) you are available to do your participation:

___ School hours ___ Weekends
___ Weekday evenings ___ Flexible

Signature _____ Date _____

OLDEST CHILD'S LAST NAME _____

OUR LADY OF THE ASSUMPTION SCHOOL

PRE-SCHOOL AGED SIBLING INFORMATION LIST
2012-2013

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. 2012)

Name: _____ Grade: _____
(First and last name) (As of Sept. 2012)

Name: _____ Grade: _____
(First and last name) (As of Sept. 2012)

Name: _____ Grade: _____
(First and last name) (As of Sept. 2012)

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 _____

THE CATHOLIC INDEPENDENT SCHOOLS
Of Vancouver Archdiocese

PARENTS COPY

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 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 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.

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: _____, _____

DATED: _____, **2012**

**THE CATHOLIC INDEPENDENT SCHOOLS
Of Vancouver Archdiocese**

SCHOOL COPY

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.

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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: _____, **2012**

OUR LADY OF THE ASSUMPTION SCHOOL
EMERGENCY CONTACT INFORMATION **2012-2013**

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

2012-2013

(Please Print Clearly)

Student Name: _____ (Please Print)

Grade in 2012-2013: _____

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: _____

Severe Allergies Alert Form

COMPLETE FORM ONLY IF YOUR CHILD HAS ALLERGIES REQUIRING AN EPI-PEN

This form must be completed when the student is first registered with Our Lady of the Assumption School or when the student's allergies change.

PART 1

STUDENT INFORMATION (To be completed by Parent or Guardian)

Name of Student: _____ Date of Birth: _____

Address: _____

Home Telephone: _____ Medic Alert I.D.: _____

Name of Parent/Guardian: _____ Daytime or Business #: _____

Emergency Contact Person(s): _____ Daytime Telephone #: _____

PHYSICIAN INFORMATION (To be completed by Physician)

Nature of Allergy/Allergens:

Symptoms of Reaction:

Recommended Response to Reaction:

Medication: _____ Dosage: _____

Additional Instructions or Information:

Name of Physician: _____ Telephone: _____

Signature of Physician: _____ Date: _____

The personal information on this form is collected under the authority of the School Act and the Freedom of Information and Protection of Privacy Act. The purpose of this collection is to respond to potential emergency situations involving your student whom you have identified as subject to a potentially life-threatening allergy. If you have any questions concerning the collection, use, or disclosure of this information please contact your school principal either in writing or by telephone.

OLDEST CHILD'S LAST NAME _____

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 (OLA School) 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, 2012 to June 17th, 2013 inclusive.
- Debits will take place on the seventeenth (17th) 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

Payor's Name:	
Address:	
Signature of Payor(s):	Date Signed:

PAYOR'S FINANCIAL INSTITUTION, BANKING INFORMATION and VOID CHEQUE

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

PAYEE INFORMATION

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

PERSONAL INFORMATION PROTECTION ACT PARENTAL CONSENT FORM

SEPTEMBER 2012

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**

SEPTEMBER 2012

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: _____

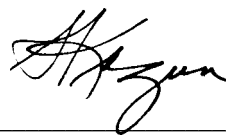
2. I consent to having my participation hours posted at school and on the school website.

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.



Ms. R. Heffernan
Privacy Manager.



Mrs. Sharon Kazun
Privacy Manager.

PARENT INFORMATION AND CONSENT FORM

Topic: Media /photo opportunities

Date: September 2012

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). 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: _____