

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

Telephone: 604-942-5522

E-mail: info@assumptionschool.com

Website: www.assumptionschool.com



**KINDERGARTEN APPLICATION PACKAGE
2017-2018**



OUR LADY OF THE ASSUMPTION SCHOOL
2255 Fraser Avenue, Port Coquitlam, B.C. V3B 6G8
Telephone: 604-942-5522 **Principal: Ms. R. Heffernan**
Email: info@assumptionschool.com Web: www.assumptionschool.com

Dear Parents;

We welcome you as you begin preparations for applying to Our Lady of the Assumption School for the 2017-2018 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.

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

The Board of Directors bases the tuition guidelines on related employee 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.

At the time of this letter the tuition guideline rates have not been published. The PEC strives to keep the operational budget realistic in turn keeping tuition rates affordable. It is the will of the Pastor and the PEC that no child is denied a Catholic education due to tuition.

We are pleased to be able to issue income tax receipts for a portion of your tuition. 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.

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.

Note: The tuition scale for the 2017-2018 school year will be made available to parents as soon as possible. The present 2016-17 scale may be found online and can be used as a guideline (www.assumptionschool.com/tyutuib-and-registration-dates/)

KINDERGARTEN APPLICATION DETAILS AND CHECK LIST

Our 2017-2018 Kindergarten applications will take place on **Monday, January 30th, 2017 from 8:30 am until 2:30 p.m.**

- **All application forms (and non-refundable \$50 application fee) must be completed in full and returned before or by the January 30th deadline.**

MANDATORY FORMS REQUIRED:

- Application 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).
- Application Fee:** An application fee of **\$50** per family will be charged. **This fee is non-refundable.**
- Emergency Contact Information Form** – One form per child required
- Student Release Information**
- Personal Information Privacy Forms** – **Must** be signed and dated by parent/guardian).
- Parent Consent Form (Photographs/Published Names)**
- Legal Residency of Parent Form (with accompanying documents if applicable).** Also, please include proof of residency by including one of any of the following: a paid utility bill; Telus; B.C. Driver's License, etc.
- PROOF OF CANADIAN CITIZENSHIP FOR PARENTS (copy of passport accepted)**
- 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**
- Prospective Applicants Paragraph**
- Optional Parent Donation cheque (may be post-dated).** The suggested donation is between \$100.00 and \$200.00. Although the donation is reserved for the school, please make cheque payable to Assumption Parish for tax receipt purposes (please add your church envelope number and "School Donation" on the memo line).

FORMS TO BE FILLED OUT – UPON ACCEPTANCE TO OLA SCHOOL

- Severe Allergies Medical 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 APPLICANTS MUST BE 5 YEARS OF AGE PRIOR TO DEC. 31/17.**

NOTE:

An interview is required for all new families with the Pastor and the Principal upon completion of the application 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.

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, 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

At Assumption School we believe:

Our uniforms show pride in our faith and in our school;

All students should arrive at school with their school sweaters ready for morning Mass, the classroom, assemblies, school Mass, school presentations;

Our uniforms should be in presentable condition, clean, tidy and without tears.

Our school is the best place to present the Best Us possible!

GIRLS:

- Tunic, tartan, drop-waisted* OR Culotte skirt tartan* OR Pleated skirt, tartan*
- Shirt*: White, short sleeved golf shirt, school name Embroidered on left side; OR Blouse: White, plain collar, long or short sleeved
- Cardigan* OR Pullover* OR Vest*: mandatory part of uniform, navy blue, school crest. **Sweaters must be worn to school upon arrival and at all Masses, assemblies and events.**
- Socks: white or navy blue ankle/knee high, or white/navy blue leotard
- Dress shoes are preferred and should be black or navy blue, runners should be predominantly black. All shoes should have non-marking soles.

BOYS:

- Dress pants: navy blue Walking shorts*: navy blue
 - Shirt*: White, short-sleeved golf shirt, school name embroidered on left side
 - Cardigan* OR Pullover* OR Vest*: mandatory part of uniform, navy blue, school crest. **Sweaters must be worn to school upon arrival and at all Masses, assemblies and events.**
 - Socks: White or navy blue.
 - Dress shoes: as previously outlined.
- A gym strip is also mandatory for all students from Grade 1 to 7 inclusive.
- The gym strip includes a school issued gray t-shirt with the school name and blue school issued shorts.
- A separate, dedicated pair of runners with non-marking soles must be worn during physical education classes and sports practices held in the gymnasium

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

Uniform policy decisions (ie. fashion trends or fads) are made at the discretion of the PEC and School Administration.

***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 an infraction letter.



OUR LADY OF THE ASSUMPTION SCHOOL

2255 Fraser Avenue, Port Coquitlam, B.C. V3B 6G8

Telephone: 604-942-5522 **Principal: Ms. R. Heffernan**

Email: info@assumptionschool.com Web: www.assumptionschool.com

CRIMINAL RECORD CHECKS

Dear Parents,

The Catholic Independent Schools of Vancouver Archdiocese (CISVA) has a policy that requires all parent volunteers to complete a Criminal Record Check. A parent may volunteer in areas that include, but are not limited to, **library/noon hour supervisors and drivers for fieldtrips and sporting events**. Parents are now requested to apply for their Criminal Record Check through the following online link.

Online Link: <https://justice.gov.bc.ca/eCRC/>

Access Code: TNJR426AKH

Upon the completion of the CRC application the results will only be shared with the Privacy Managers for Our Lady of the Assumption School (Ms. R. Heffernan and Mrs. S. Kazun).

Please note: there is no charge to parents for this service.

If you have any questions regarding this new procedure, please do not hesitate to contact the school office and speak to Mrs. Kazun.

Sincerely,

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

RH/sjmk



**OUR LADY OF ASSUMPTION SCHOOL
KINDERGARTEN APPLICATION 2017-2018**



PLEASE PRINT CLEARLY AND PROVIDE DETAILED INFORMATION

FAMILY NAME: _____
 ADDRESS: _____
 CITY: _____
 POSTAL CODE: _____ HOME PHONE #: _____

MOTHER'S WORK NUMBER: _____ FATHER'S WORK NUMBER: _____
 MOTHER'S CELL NUMBER: _____ FATHER'S CELL NUMBER: _____
 EMPLOYER: _____ EMPLOYER: _____

MAIN LANGUAGE SPOKEN AT HOME: _____ E-MAIL ADDRESS: _____
 2nd E-MAIL ADDRESS: _____

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: _____

Note: In an illness or an emergency, every attempt will be made to contact parents/guardians first.

SPECIFIC HEALTH CONDITIONS OR SPECIAL EDUCATION CONCERNS: (Disclosure of this information **WILL NOT AFFECT** your child's admission)

SPECIAL NEEDS (i.e. Learning Assistance, vision, hearing, physical disabilities, etc.)

Explain Needs:

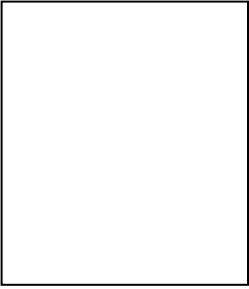
PARISH NAME: _____ PARISH ENVELOPE NUMBER: _____

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: _____, 2017

**OUR LADY OF THE ASSUMPTION SCHOOL
EMERGENCY CONTACT INFORMATION 2017-2018**



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. _____	_____	_____

Daycare Provider: _____

OUT OF PROVINCE CONTACT:

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

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

NAME: (Please print)	ADDRESS:	TELEPHONE NUMBER
_____	_____	_____

Relationship: _____

Parent Signature _____

Date: _____, 2017

CHILD'S (CHILDREN'S) LAST NAME _____

OUR LADY OF THE ASSUMPTION SCHOOL
STUDENT RELEASE INFORMATION
2017-2018
(Please Print Clearly)

Student Name: _____ (Please Print)

Grade in 2017-2018: _____

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)

Daycare Provider: _____

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 – 2017-2018

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 #: _____

PART 2

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.

CHILD'S (CHILDREN'S) LAST NAME _____

**THE CATHOLIC INDEPENDENT SCHOOLS
Of Vancouver Archdiocese**

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

Please print and then sign where indicated:

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

PARENTS/GUARDIAN SIGNATURE: _____, _____

DATED: _____, 2017

Note: A copy of this signed form can be obtained from the school office upon submission of this application package.

PARENT PARTICIPATION INFORMATION 2017-2018

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. It is a requirement that a minimum of 15 hours of Parent Participation be completed by December 31st.

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 the following four points as per OLA School Policy Manual, section K - Participation Worker Guidelines:

1. If you miss a regularly schedules shift and do not have a person replace you, you will be billed for the hours missed; even if you have already reached your yearly total of 50 hours but still have a regular shift/commitment.
2. Additional hours are available in other participation categories only if the category that you are assigned to does not meet the 50 hour minimum requirement for the year.
3. You cannot fulfill your missed hours in another category or participation area if you have not completed the required hours in your own category. The intent of 'extra hours' is to help those parents who **will not meet** the required number of hours in their own category.
4. 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.

I have read and understand the above Participation requirements and agree to abide by them.

Signature _____

Date: _____ 2017

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

CHILD'S (CHILDREN'S) LAST NAME _____

**OUR LADY OF THE ASSUMPTION SCHOOL
PARENT PARTICIPATION APPLICATION 2017-2018**

Please print:

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: Circle only one option

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 or Bingo Set-up	Coffee & Donut Coordinator
Kindergarten Supervision	Bingo Concession	Fundraising
Bingo set-up	Bingo Paper Control	Emergency Prep. Coordinator
School Photographer	Bingo Treasurer	Computer Room Cleanup
Uniform Coordinator	PREP Teacher	Participation Data Entry
Church/Parish Center Clean up	Education Committee	"Sunday Mass" Choir Director
Office Attendance Records	Maintenance	School Kitchen Cleanup
Pick-up/Drop-off Supervision	School cleanup	

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

____ School hours ____ Weekends
____ Weekday evenings ____ Flexible

Signature _____ Date _____ 2017

PERSONAL INFORMATION PROTECTION ACT PARENTAL CONSENT FORM

SEPTEMBER 2017

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).—

As parents, you fill out the school's required registration form as well as providing the school with emergency information. The privacy act requires us 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, email address and cell numbers. These lists are provided to your child's classroom teacher and the classroom representative. The Parish Education Committee is also provided with a family list that is related to Participation.

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 required since the school allows public access via the parish and other community events that occur through the gym rental, bingo and other parish activities. A separate form will be provided giving consent or non-consent to promotional material that appears in local newspapers, school website, Facebook page or social media.

CHILD'S (CHILDREN'S) LAST NAME _____

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

SEPTEMBER 2017

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 Ms. Rosaleen Heffernan and Mrs. Sharon Kazun.

Parent Signature: _____ Date: _____, 2017

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.

Parent Signature: _____ Date: _____, 2017

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

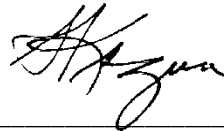
Yes _____ No _____

Parent Signature: _____ Date: _____, 2017

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 2017

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) as well as the school's Facebook page. Your child's photo may be taken at a school activity either by one of our staff or parents or by an invited media outlet. This often occurs when we put on our Musical or other such events. Your child's photo could then appear in the newspaper and/or the school's website or Facebook page.

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 social media outlets.

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

CHILD'S (CHILDREN'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 and social media to promote the school. This could include newsletters, brochures, newspapers, magazines, reports, Assumption web-site and Facebook page, 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 or 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.

_____ **YES - I/We give permission** for my son's/daughter's **photograph and name** to be published with comments about the event for the purposes consistent with the above information.

FAMILY LAST NAME: _____ (PLEASE PRINT)

Parent/Guardian Signature _____ **Date** _____, 2017

CHILD'S (CHILDREN'S) LAST NAME _____



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 must 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.

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: _____

4. _____ I/We have attached proof of residency by including any of the following: a paid utility bill; Telus; B.C. Driver's License, etc.

DATE: _____, 2017

CHILD'S (CHILDREN'S) LAST NAME _____

OUR LADY OF THE ASSUMPTION SCHOOL

**NEWSLETTER E-MAIL INFORMATION
2017-2018**

Every week the School Newsletter and messages are sent to all parents from Our Lady of the Assumption School via an email service provider (MailChimp). Please provide us with your e-mail address on the space provided below.

Print clearly: (If you would like your emails sent to more than one address, please provide info.)

_____ E-MAIL ADDRESS (print)

_____ E-MAIL ADDRESS (print)

Parents Name: _____ (Please print)

Child's Name: _____ (First) _____ (Last)

Parent Signature: _____

Notes:

If your last name is different than that of your child (children), please remember to print your child's FULL name on the lines provided.

CHILD'S (CHILDREN'S) LAST NAME _____

OUR LADY OF THE ASSUMPTION SCHOOL

PRE-SCHOOL AGED SIBLING INFORMATION LIST
2017-2018

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.

Family Name: _____ (*PLEASE PRINT CLEARLY*)

Provide names 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)

CHILD'S (CHILDREN'S) LAST NAME _____

PAYER'S PAD AGREEMENT – 2017-2018
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 email or call the Payee (OLA School) at 604-942-5522; info@assumptionschool.com

NAME OF OLDEST STUDENT: _____ (please print)

- Pre-authorization is given for 10 monthly debits in the amount of \$ _____ for the months of September 17, 2017 to June 17th, 2018 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 prior to the tuition withdrawal date.

PAYOR INFORMATION (PLEASE PRINT)

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

ATTACH VOID CHEQUE in space below

--

PAYEE INFORMATION

Payee Name(s):	Our Lady of the Assumption School
Address:	2255 Fraser Avenue, Port Coquitlam, B.C. V3B 6G8