



# OUR LADY OF PERPETUAL HELP SCHOOL 2019-2020 ANNUAL FAMILY COMMITMENT FORM

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

**Family Email Address:** \_\_\_\_\_

**Child(ren)'s Full Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

_____	_____
_____	_____
_____	_____
_____	_____

## 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 the PHILOSOPHY OF EDUCATION FOR CATHOLIC SCHOOLS IN THE PROVINCE OF BC by Catholic Bishops of BC.*

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 School Council who will gladly discuss them with you.

By returning the signed statement with your completed application, you accept the responsibility of this commitment.

- Parents and legal guardians agree that they and their *children will respect Catholic Denominational standards as contained in the Catechism of the Catholic Church.*
- All students are required to participate in our religious education curriculum and co-curriculum programs including liturgical celebrations, retreats, prayer, etc.
- Parents/Guardians are expected to support the Religious Education Program and participate in it as required.
- 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.

- Each family is expected to support and participate in the fundraising activities of the parish/school. This means each family shares in the responsibility of educating our Catholic children.
- Each student is expected to know and follow school policies on behavior.
- Parents/Legal Guardians are expected to know and support school policy and procedures.
- **Parents/Legal guardians are expected to attend at least one orientation session, which will focus on the philosophy and goals of our school.**
- 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: refuse admission, or remove the student from the school.**

### **STUDENT ANNUAL AUTHORIZATION**

I/We understand that O.L.P.H. School arranges for students in the Kamloops Diocesan school system to participate in field trips, tours, off-school ground activities or excursions (“excursions”) which, in the opinion of the school, have definite educational, athletic, or cultural value and are integral part of the school’s curriculum.

I/We, being the parent(s) or guardian(s) of the above mentioned student(s) consent to the student participating in any such excursions arranged by the school, and we authorize the participation by the student. It is understood that my/our consent and authorization are subject to the following conditions:

1. The school will be responsible for any injuries and damages suffered by the student while participating in any such excursion that arises as a result of the negligence of the school.
2. The school will advise parents/guardians in writing of the particulars of any excursion at least three school days prior to the intended date of the excursion.
3. I/We have the right to advise the school, in writing, at least two school days before the commencement of any particular excursion, that I/we do not consent to the student participating in the excursion, in which event my/our consent and authorization will be considered as withdrawn for the particular excursion and the student shall not be allowed to participate in such excursion.

This consent, authorization and waiver shall be in effect for the 2019-2020 school year only.

### **OATH OF CONFIDENTIALITY FOR VOLUNTEERS**

Our Lady of Perpetual Help School is blessed with many community members who graciously give of their time and talents in service to our staff and students. To conform with employee/student rights to privacy, each volunteer is asked to complete and sign a pledge of confidentiality.

I do solemnly swear as a volunteer at Our Lady of Perpetual Help School to hold in strictest confidence all matters that occur in the setting of the classroom, library, office, etc.

### **PERSONAL INFORMATION & PRIVACY FORM**

I consent to having **OUR LADY OF PERPETUAL HELP SCHOOL** collect personal information that may include student identification information, birth certificate, legal guardianship, court orders if applicable, parents’ work numbers and e mail address, behavioural, academic and health information, most recent report card, emergency contact name and number, doctor’s name and number, health insurance number and any similar information needed for registration.

I further consent to the use and disclosure of information contained in this form and otherwise collected by or on behalf of **CATHOLIC INDEPENDENT SCHOOLS KAMLOOPS DIOCESE** (1) for the purpose of establishing, maintaining, and terminating the student's or parent's relationship with **OUR LADY OF PERPETUAL HELP SCHOOL**, (2) for additional purposes identified when or before personal information is collected, and (3) as otherwise provided in **OUR LADY OF PERPETUAL HELP SCHOOL'S** Personal Information Privacy Policy, a copy of which is available on request. I also consent to the collection, use and disclosure of such personal information by and to agents, contractors and service providers of **OUR LADY OF PERPETUAL HELP SCHOOL**.

*This information is required in order to register your child at this school and assist the school authority in making an informed decision as to your child's suitability and appropriate placement in the school. It will also allow the school to respond immediately to an emergency. For more information, the privacy officer for **OUR LADY OF PERPETUAL HELP SCHOOL** is **Mr. Christopher Yuen, Principal** and may be reached at **250-376-2343**.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I consent to having photographs and work samples of my child(ren) used by **OUR LADY OF PERPETUAL HELP SCHOOL** in the yearbook, newsletters and other promotional material.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The school must prepare an emergency family phone list. Please sign below to indicate that you consent for the publication of your phone number for emergency purposes.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **Release and Storage of Parent Personal Information**

**OUR LADY OF PERPETUAL HELP SCHOOL** acknowledges that there will be no disclosure of personal information to unauthorized personnel or third parties who are not directly involved in school management or the care, supervision and instruction of your child(ren) at this school, unless written authorization from a parent or legal guardian is provided to the school. The school will securely store all digital and hard copy parent and student personal information.

**Signature: *Mr. Christopher Yuen* Title: *Principal* Phone: *250-376-2343***

**I HAVE READ AND UNDERSTAND THE ABOVE EXPECTATION, COMMITMENTS, AUTHORIZATIONS AND I HEREBY ACCEPT THEM AS STATED.**

Parent/Guardian Signature: \_\_\_\_\_

Parent(s) Printed name: \_\_\_\_\_

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