

OUR LADY OF PERPETUAL HELP SCHOOL

235 Poplar Street, Kamloops, BC V2B 4B9 Telephone: 250-376-2343 Email: office@olphschool.ca Website: www.olphschool.ca

Registering for Grade: _____

PERSONAL INFORMATION					
Student's Legal Names:					
LEGAL SURNA	WE		FIRST	MIDDLE	
Student Usual First and Last Name Used (if different	ent):		Sex: M	ale: Female:	
Birthdate: Month Day Year	Bi	rth Province or Bir	th Country:		
Child's Religion:	Lc	anguage Used at	Home:		
A copy of the birth certificate and baptismal red	ord must be on	ifile with the scho	ol.		
The tuition category our family qualifies for:					
 Active-Catholic Rate (To qualify, the 'Applic Parish: Non-Active Parishioner Rate 	ation for the Ac	ctive-Tuition Form'	must be signed b	oy your Parish Priest)	
□ Non-Catholic Rate					
PLEASE INDICATE SACRAMENTS APPLICANT HAS I Baptism Reconciliation First Communion Confirmation	RECEIVED:	□ Status □ Metis □ Non-Stat		ANCESTRY:	
FAMILY INFORMATION					
Address:	City: _		Postal Co	ode:	
*If there is a shared custody arrangement, pleas	e provide both	addresses			
Applicant Lives With: Both Parents a	Mother □	Father □	Shared Custoo	dy 🗆 Guardian 🗆	
Mother's/Guardian's Name:		Email:		Resident in Home: Yes	□ No □
Employer:	Occupation: _			Cell No.:	
Father's/Guardian's Name:		Email:		Resident in Home: Yes	No 🗆
Employer:	Occupation: _			Cell No.:	
Emergency Contact:	Relatio	nship to Student: _		Phone No.:	
Daycare/Babysitter:			Phone No	o.:	
Names and Birthdates of Siblings:					
LEGAL INFORMATION					
Is there a court order in effect: Yes - No -	N	OTE: A Copy of an u	p-to-date court orde	er must be on file with the sch	ool.
If YES please give details concerning custody ar	nd guardianship):			
I give my consent for the publication of my child website, and in the news media. Yes, I give			ments for school not give my cons		on the

I am: □ A Canadian citizen (if not born in Canada, please attach	a photocopy of citizenship paperwork)					
□ A landed immigrant (please attach a photocopy of lande						
□ Lawfully admitted to Canada under one of the following documents (please mark the appropriate box and attach photocopy of document)						
Admission as a refugee claimant	a har a latter of no objection					
A person claiming refugee status wh Student authorization (student visa) f						
Employment authorization (working)	permit) for one year or longer.					
A person carrying out official duties as a diplomatic or consular official (with a foreign representative acceptance counter foil in her/his passport)						
	(must be cleared with Immigration Canada)					
(Residency in British Columbia) I am a resident of British Columbia: (please X one):						
YES Residency address:						
MEDICAL INFORMATION						
BC Care Card Number:	Medical Alert: YES = NO = Medical Alert Bracelet: YES = NO =					
Medical Condition:						
Is the applicant currently on medication: YES \square NO \square	If YES, please describe:					
	nhaler, etc.) that may need to be administered during school hours,					
please pick up the required form at the office prior to the sta						
Physical Disabilities/Limitations:	Allergies:					
Doctor's Name: Phone No.: _	Dietary Restrictions:					
EDUCATIONAL INFORMATION						
Former School: Ar	ddress:					
Has the applicant received Special Education Programming						
Has the applicant received Learning Assistance? YES - NO						
- ·	mentation pertaining to my child as named above if transferring from a					
Public School or School Outside BC.	Parent/Guardian Signature Date					
Why I want my child to attend Our Lady of Perpetual Help School	ol: (To be completed by the parent/guardian)					
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PARENTAL COMMITMENT						
We have read the information package describing Our Lady of Perp Perpetual Help School.	petual Help School and we desire the Catholic education offered by Our Lady of					
We understand that the grade/classroom placement of our children	will be made by the principal in consultation with the teachers.					
-	tion of the school staff and principal. We recognize that the school has the right					
We have read the tuition payment policy and understand our finance meet the commitment.	cial commitment. We will notify the school principal and the pastor if we cannot					
We understand that we are applying for membership in the community of Our Lady of Perpetual Help School. We agree with the policies of the school and support the efforts of the school staff in providing our children with a Catholic education.						

Date

Parent/Guardian Signature