

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 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 one year or longer.

_____ 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 his/her passport)

_____ Other – document description: (must be cleared with Immigration Canada)

(Residency in British Columbia)

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

_____ YES Residency address: _____

_____ NO I am not a resident of British Columbia.

MEDICAL INFORMATION

Care Card Number: _____

Medical Alert: YES NO

Medical Condition: _____ Medic/Alert Bracelet: _____ Where Worn: _____

Is this child currently on any medications: YES NO If Yes Description: _____

Note: If your child has prescribed medication, EPI Pen, etc. that will need to be administered during school hours please pick up required form at the office prior to the start of the school year.

Physical Disabilities/Limitations: _____ Allergies: _____

Doctor's Name: _____ Phone No.: _____

EDUCATIONAL INFORMATION

Former School: _____ Address: _____

City: _____ Province: _____ Postal Code: _____

Has this child received Special Education Programming YES _____ NO _____

Has this child received Learning Assistance: YES _____ NO _____

I give permission for the transfer of all information and Documentation pertaining to my child as named above if transferring from a Public School or School Out side BC. _____

Parent/Guardian Signature

Date

To be completed by the Parent/Guardian:

Why do I want my child to come to Our Lady of Perpetual Help School: _____

PARENTAL COMMITMENT

We have read the information package describing Our Lady of Perpetual Help School and we desire the Catholic education offered by Our Lady of Perpetual Help School.

We understand that the grade/classroom placement of our children will be made by the principal in consultation with the teachers and parents/guardians.

In matters of discipline, our child will be subject to the disciplinary action of the school staff and principal. We recognize that the school has the right to suspend or expel any student who does not respect its spiritual standards or cooperate in the educational process.

We have read the tuition payment policy and understand our financial commitment. We will notify the school principal and the pastor if we cannot meet the commitment.

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.

Parent/Guardian Signature

Date