



# Immaculate Conception School

3285 Cathedral Ave, Prince George BC, V2N 6R4

Phone: 250-964-4362

Fax: 250-964-9465

Email: [icsoffice@cispg.ca](mailto:icsoffice@cispg.ca)

Webpage: [www.icschool.ca](http://www.icschool.ca)

## **APPLICATION FORM**

PLEASE PRINT CLEARLY

Applying for GRADE: \_\_\_\_\_

Entry YEAR: \_\_\_\_\_

### **GENERAL INFORMATION**

NAME OF APPLICANT: \_\_\_\_\_  
Surname First Middle

NAME USED: \_\_\_\_\_ SEX: ☐ MALE ☐ FEMALE BIRTHDATE: \_\_\_\_\_  
YYYY/MM/DD

MAILING ADDRESS: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

VERIFICATION OF AGE: BIRTH CERTIFICATE (Copy Required) OTHER: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_

CHILD'S CARE CARD NUMBER: \_\_\_\_\_

STUDENT'S CITIZENSHIP: ☐ CANADIAN ☐ PERMANENT RESIDENT ☐ OTHER \_\_\_\_\_  
Please Specify

(Full Legal Name Including Middle Initial/s)

FATHER/GUARDIAN: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

PARENT'S CITIZENSHIP: ☐ CANADIAN ☐ PERMANENT RESIDENT ☐ OTHER \_\_\_\_\_  
Please Specify

PARENT'S CARE CARD NUMBER: \_\_\_\_\_ PROOF OF B.C. RESIDENCY: \_\_\_\_\_

(Full Legal Name Including Middle Initial/s)

MOTHER/GUARDIAN: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

PARENT'S CITIZENSHIP: ☐ CANADIAN ☐ PERMANENT RESIDENT ☐ OTHER \_\_\_\_\_  
Please Specify

PARENT'S CARE CARD NUMBER: \_\_\_\_\_ PROOF OF B.C. RESIDENCY: \_\_\_\_\_

SECONDARY HOME MAILING ADDRESS, IF DIFFERENT: \_\_\_\_\_

RELIGION: \_\_\_\_\_ PARISH: \_\_\_\_\_

Please ensure you complete THE FAITH INFORMATION section on page 6



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## EMERGENCY & HEALTH INFORMATION

EMERGENCY CONTACTS:

Name and Relationship to Child

Phone Number

Name and Relationship to Child

Phone Number

OUT OF TOWN CONTACT:

Name and Relationship to Child

Phone Number

DAYCARE/BABYSITTER:

Name

Phone Number

LIST ANY ALLERGIES, MEDICAL CONSIDERATIONS, ETC.

FAMILY DOCTOR:

PHONE:

FAMILY DENTIST:

PHONE:

DOES THE SCHOOL HAVE PERMISSION TO CONTACT YOUR DOCTOR IN CASE OF EMERGENCY WHEN UNABLE TO CONTACT YOU? ☐ YES ☐ NO

## LEGAL INFORMATION

IS THERE A LEGAL CUSTODY ALERT IN EFFECT? ☐ YES ☐ NO

(If **YES**, please attach a copy of any legal documents pertinent to your child regarding; custody, visitation, or any other matter related to your child's schooling. A copy of the current court order **MUST** be on file with the school.)

SIBLINGS:

☐ YES

☐ NO

Name

Age

Name

Age

Name

Age

**I HEREBY CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT**

SIGNATURE OF PARENT/GUARDIAN:

Signature

Contact Phone Number

SIGNATURE OF PARENT/GUARDIAN:

Signature

Contact Phone Number



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## LEGAL RESIDENCY OF PARENT - FORM A

*(Ministry of Education Requirement)*

To be completed and signed by a parent or legal (court-appointed) guardian. If legal guardian, attach a copy of the court order appointing you as legal guardian.

*(Lawfully admitted into Canada)*

1. I am (please check one):

- ☐ A Canadian Citizen **(if not born in Canada, please attach a photocopy of citizenship document)**
- ☐ A Permanent Resident **(please attach a copy of parent's immigrant status or Permanent Resident documentation)**
- ☐ Lawfully admitted to Canada under the Immigration and Refugee Protection Act (Canada) with one of the following documents (please mark the appropriate box below and attach a copy of document):
  - ☐ Admission as a refugee or refugee claimant
  - ☐ Valid student permit for two or more years (or issued for one year but anticipated to be renewed for one or more additional years)
  - ☐ Valid employment authorization (work 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 under the authority of the *Visiting Forces Act* or as an accredited diplomatic agent, pre-clearance officer, consular officer or official representative in Canada of a foreign government with a consular post in British Columbia
  - ☐ Other - document description: **(must be cleared with Citizen and Immigration Canada)**

*(Residency in British Columbia)*

2. I am a resident of British Columbia (please check one):

- ☐ Yes Residency address: \_\_\_\_\_
- ☐ No I am not a resident of British Columbia

**Confirming signature:**

3. Parent/guardian's legal name: \_\_\_\_\_
- | First Name                          | Middle Initial | Last Name     |
|-------------------------------------|----------------|---------------|
| Signature Of Parent/Guardian: _____ |                |               |
| Signature                           |                | Contact Phone |
- Parent/guardian's legal name: \_\_\_\_\_
- | First Name                          | Middle Initial | Last Name     |
|-------------------------------------|----------------|---------------|
| Signature Of Parent/Guardian: _____ |                |               |
| Signature                           |                | Contact Phone |



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## OTHER INFORMATION

LAST SCHOOL ATTENDED: \_\_\_\_\_

NAME AND ADDRESS

LANGUAGE SPOKEN AT HOME: \_\_\_\_\_ ABORIGINAL ANCESTRY ☐ YES ☐ NO

(Ministry of Education required data)

*If YES, Self Identification of Indigenous Ancestry Form **must** be completed and attached to application.*

HAS THIS CHILD RECEIVED LEARNING ASSISTANCE? ☐ YES ☐ NO

HAS THIS CHILD RECEIVED SPECIALIST INTERVENTIONS? ☐ YES ☐ NO

(Speech, hearing, OT, PT, behavioural etc.)

*If YES, Special Needs Form **must** be completed and attached to application.*

## CONSENT INFORMATION

PLEASE READ AND SIGN THE CONSENT INFORMATION BELOW

### A. Field Trips

I hereby give my consent for \_\_\_\_\_ to take part in supervised field trips during regular school hours. Whenever an excursion is planned, which involves travelling any considerable distance, which would extend beyond school hours, it is understood that parents will be given sufficient notice of the event to withdraw this general consent for that particular trip if they so wish.

### B. Personal Information Release Permission (see attached information letter)

☐ YES ☐ NO I permit transfer of all information and documentation pertaining to my child named above if transferring to or from another school.

☐ YES ☐ NO I permit my child to be included in any media coverage of a school event. I permit my child's name and/or photo to be used in any school publication, including the school website and Facebook page.

☐ YES ☐ NO I permit the school to disclose my name, phone number, email address, and my child's name and grade to the Parent Support Group (PSG) for the purpose of direct PSG communication.

Parent/guardian's legal name: \_\_\_\_\_

First Name	Middle Initial	Last Name
------------	----------------	-----------

Parent/guardian's legal signature: \_\_\_\_\_

Signature
-----------

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

YYYY/MM/DD



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**Consent Form for the  
Personal Information Protection Act  
as per the  
Personal Information Privacy Policy for Parents and Students of Immaculate Conception School**

***Please note that Immaculate Conception School's Personal Information Privacy Policy is available upon request at the school office.***

1. I consent to having Immaculate Conception School collect personal information that may include student identification information, birth certificate, legal guardianship, court orders if applicable, parents' work numbers and email address, behavioural, academic and health information, report cards, 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 Immaculate Conception School (1) for the purpose of establishing, maintaining, and terminating the student's or parent's relationship with Immaculate Conception School, (2) for additional purposes identified when or before personal information is collected, and (3) as otherwise provided in Immaculate Conception 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 Immaculate Conception 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 Immaculate Conception School is Mrs. Kathleen Barth (250-964-4362).***

**Student Name:** \_\_\_\_\_ **Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

2. I consent to having photographs and work samples of my child used by Immaculate Conception School in the yearbook, newsletters, school website and other promotional material (not including social media).

**Student Name:** \_\_\_\_\_ **Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

3. 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.



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Student Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Immaculate Conception 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 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:**

**Title: Mrs. Kathleen Barth, Privacy Officer, Principal**



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Dear Parents,

The Personal Information Protection Act (British Columbia) is in effect for all schools. To ensure that we comply with the legislation, and your wishes as parents/guardians, we ask that you read the following information carefully.

The legislation states that all photographs, names, or anything else that identifies an individual or an individual's personal information, is protected. From time to time your child's name and/or photograph may be used in a school newsletter, yearbook or other school publication, or media coverage concerning school events.

## **Registration Information**

Information provided at the time your child was registered at school was collected under the authority of the Independent School Act. This data is used for educational program purposes and when required, may be provided to health services, social services and other support services. If a student moves to another school, student records are requested by that school. It shall be the understanding that our school administration has permission to pass on this information to the student's new school.

## **Media Coverage**

It is possible that there will be media coverage of a school event. This coverage could include your child's photo (or video), name and comments being part of a broadcast, publication or Immaculate Conception School website, newsletter or Facebook page.

## **Parent Support Group**

From time to time, the Parent Support Group may wish to contact parents. To assist, the school will provide the PSG with a list of parents/guardians, email addresses, along with the names and grade levels of students.

Please be sure to complete the *Personal Information Release Permission* portion of the Application and Consent Form. This information will be kept as part of your child's student file as long as he/she attends Immaculate Conception School. Please be advised that this is a one-time consent and permission may be revoked at any time by parent request. Kindly note that you are responsible for notifying the school should the status of your permission change.

If you have any questions or concerns about the use of this information, please contact the school.

Sincerely,

Kathleen Barth  
Principal



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## FAITH INFORMATION

### Please check one

☐ LATIN ROMAN CATHOLIC

☐ UKRANIAN CATHOLIC:

☐ SYRO-MALABAR:

☐ ORTHODOX:

☐ OTHER: \_\_\_\_\_

### Please check all sacraments the child has received.

BAPTISM ☐ Yes ☐ No

RECONCILIATION ☐ Yes ☐ No

FIRST HOLY COMMUNION ☐ Yes ☐ No

CONFIRMATION ☐ Yes ☐ No

**Where applicable, please provide a COPY of any certificate of Sacraments received**

## **Catholic Independent Schools Prince George (CISPG) Policy 501** **Priorities for (Re) Admittance into CISPG Schools**

1. Students presently enrolled in the school.
2. Students with siblings presently enrolled in the school. (It is understood the school will make every effort possible to accommodate Catholic students.)
3. Students whose families are parishioners (defined as practicing Catholics – for the purpose of this policy “practicing Catholics” shall mean those individuals who are registered in a parish and attend Sunday Mass faithfully.)
4. Students whose families are not practicing Catholics but accept the goals and philosophy of the school and sign the Family Statement of Commitment.



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## **CATHOLIC INDEPENDENT SCHOOLS DIOCESE OF PRINCE GEORGE FAMILY STATEMENT OF COMMITMENT**

“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 in accordance with the teachings of the Catholic Church. 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. Catholic Schools are committed to fidelity to Jesus Christ, Who said, “Seek first the kingdom of God.” The school emphasizes first and foremost the teaching and practice of the Catholic faith. All students, regardless of their religious affiliation, must participate in all the religious instruction and activities of the school community.

CISPG Schools recognize that students may come from family situations that do not conform to the moral teachings of the Catholic Church. Although the personal family background of a student is not an absolute obstacle to enrolment in a CISPG school, when parents choose a lifestyle directly opposed to the Church’s deeply held moral teachings, they should recognize that the school is not the right place for their child, since the home and school would be giving contradictory teaching.

Partners (home, school, parish) in Catholic education must work together to provide an environment where faith and learning go hand in hand, leading young people to fullest development. Parents and guardians who enrol their children accept that the school will at all times uphold the teachings of the Roman Catholic Church. While present on the school campus and in school-related activities offsite, every adult must demonstrate conduct that upholds the school’s declared mission. A coherent witness to Catholic moral teaching is expected at all times, especially in the public forum.

The following statements confirm parental support of the goals and philosophy of our Catholic school and need to be accepted by all members of the community. Read them carefully. They ask you to make a commitment to the values of our Catholic School community. If you have any questions or concerns regarding this family commitment form, please bring them to the Principal or Pastor who will gladly discuss them with you.



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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 CISPG Board of Directors.
2. All students are required to participate in our religious education curricular and co-curricular programs, including liturgical celebrations, prayer, retreats and other spiritual activities.
3. Parents/Guardians are expected to participate in the religious education program as required.
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. Parents are expected to support the academic program as required.
5. Each family is expected to support and participate in the fund-raising activities of the school.
6. Each student is expected to know and follow school policies on behaviour.
7. Parents/Guardians are expected to know and support school policy and procedures.
8. Parents/Guardians are expected to attend program-related events including but not limited to parent/teacher conferences and meet the teacher events.
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 a student from the school.

*Every child's needs are complex. As such, we reserve the right to re-evaluate your child's enrolment if their learning needs are not being met despite our best efforts.*

I have read and understand the above expectations and commitments and I hereby accept them as stated.

**Family Name:** \_\_\_\_\_  
(Please Print)

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

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

**Date:** \_\_\_\_\_  
YYYY/MM/DD



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## OFFICE USE ONLY

Application Received \_\_\_\_\_

Date YYYY/MM/DD

- ☐ Application and Consent Form
- ☐ Birth Certificate
- ☐ Baptismal Certificate (if applicable)
- ☐ Legal Residency of Parent
- ☐ CIS Family Statement of Commitment
- ☐ Copy of Most Recent Report Card (if applicable)
- ☐ Special Needs Form Completed (if applicable)

Diagnosis: \_\_\_\_\_

Ministry Category: \_\_\_\_\_

Application Completed: \_\_\_\_\_

Date YYYY/MM/DD

☐ Acceptance Letter Sent to Parents

\_\_\_\_\_  
Date YYYY/MM/DD

☐ Kindergarten Deposit Paid

\_\_\_\_\_  
Date YYYY/MM/DD