



Immaculate Conception School

3285 Cathedral Ave, Prince George BC, V2N 5R2 Phone 250-964-4362
Fax 250-964-9465 Email icsoffice@cispg.ca www.icschool.ca

APPLICATION FORM

Applying for GRADE _____ Entry Year _____ **PLEASE PRINT CLEARLY**

GENERAL INFORMATION

NAME OF STUDENT: _____
SURNAME FIRST MIDDLE

NAME USED: _____ SEX: MALE _____ FEMALE _____

BIRTHDATE: _____
YEAR/MONTH/DAY

MAILING ADDRESS: _____ POSTAL CODE: _____

VERIFICATION OF AGE: BIRTH CERTIFICATE (Copy Required) OTHER: _____

PLACE OF BIRTH: _____

STUDENT'S CITIZENSHIP: CANADIAN _____ PERMANENT RESIDENT _____ OTHER _____
(Full Legal Name Including Middle Initial/s) (Please Specify)

FATHER/GUARDIAN: _____ HOME PHONE _____
WORK PHONE _____
PLACE OF EMPLOYMENT: _____ CELL PHONE _____
(Full Legal Name Including Middle Initial/s)

MOTHER/GUARDIAN: _____ HOME PHONE _____
WORK PHONE _____
PLACE OF EMPLOYMENT: _____ CELL PHONE _____

PARENTS' CITIZENSHIP: CANADIAN _____ PERMANENT RESIDENT _____ OTHER _____
(Please Specify)

PROOF OF B.C. RESIDENCY:

PARENT'S CARE CARD NO. _____

PARENT'S CARE CARD NO. _____

FAITH INFORMATION

RELIGION: _____ PARISH: _____

SACRAMENTS RECEIVED: BAPTISM (Copy Req'd) _____ RECONCILIATION _____
FIRST COMMUNION _____ CONFIRMATION _____



Immaculate Conception School

3285 Cathedral Ave, Prince George BC, V2N 5R2 Phone 250-964-4362
Fax 250-964-9465 Email icsoffice@cispg.ca www.icschool.ca

EMERGENCY & HEALTH INFORMATION

DAYCARE/BABYSITTER: _____
NAME CONTACT NUMBER

LIST ANY ALLERGIES, DISABILITIES, ETC.

FAMILY DOCTOR: _____ PHONE: _____

FAMILY DENTIST: _____ PHONE: _____

CARE CARD NUMBER: _____

DOES THE SCHOOL HAVE PERMISSION TO CONTACT YOUR DOCTOR IN CASE OF EMERGENCY WHEN UNABLE TO CONTACT YOU?

YES ☐ NO ☐

EMERGENCY CONTACTS: _____
NAME CONTACT NUMBER

NAME CONTACT NUMBER

OUT OF TOWN CONTACT: _____
NAME CONTACT NUMBER

LEGAL INFORMATION

LEGAL CUSTODY ALERT IN EFFECT? YES ☐ NO ☐

(If **YES**, please attach a copy of any legal papers pertinent to your child regarding custody, visitation, or any other matter related to your child's schooling. A copy of an up-to-date 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 _____
NAME CONTACT NUMBER

Signature of Parent/Guardian _____
NAME CONTACT NUMBER



Immaculate Conception School

3285 Cathedral Ave, Prince George BC, V2N 5R2 Phone 250-964-4362
Fax 250-964-9465 Email icsoffice@cispg.ca www.icschool.ca

OTHER INFORMATION

PARENT E-MAIL ADDRESS: _____

PARENT E-MAIL ADDRESS: _____

SECONDARY HOME MAILING ADDRESS, IF DIFFERENT:

LAST SCHOOL ATTENDED: _____

NAME AND ADDRESS

LANGUAGE SPOKEN AT HOME: _____

ABORIGINAL ANCESTRY? YES ☐ NO ☐
(Ministry of Education required data)

BUS INFORMATION REQUESTED? YES ☐ NO ☐

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)

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | I permit transfer of all information and documentation pertaining to my child named above if transferring to or from another school. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> 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 school website and Facebook page. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> 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. |



Immaculate Conception School

3285 Cathedral Ave, Prince George BC, V2N 5R2 Phone 250-964-4362

Fax 250-964-9465 Email icsoffice@cispg.ca www.icschool.ca

OFFICE USE ONLY

Application Received _____

(Date)

- ☐ 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)

☐ Acceptance Letter Sent to Parents

Date

☐ Kindergarten Deposit Paid

Date



Immaculate Conception School

3285 Cathedral Ave, Prince George BC, V2N 5R2 Phone 250-964-4362
Fax 250-964-9465 Email icsoffice@cispg.ca www.icschool.ca

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



Immaculate Conception School

3285 Cathedral Ave, Prince George BC, V2N 5R2 Phone 250-964-4362
Fax 250-964-9465 Email icsoffice@cispg.ca www.icschool.ca

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.



Immaculate Conception School

3285 Cathedral Ave, Prince George BC, V2N 5R2 Phone 250-964-4362
Fax 250-964-9465 Email icsoffice@cispg.ca www.icschool.ca

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 court order appointing you as legal guardian.

(Lawfully admitted into Canada)

1. I am (please "X" one):

- ☐ A Canadian citizen **(if not born in Canada, please attach a photocopy of citizenship paper/card)**
- ☐ A Permanent Resident **(please attach a copy of parent's landed immigrant status paper or Permanent Resident card)**
- ☐ 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 "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: _____
- Parent's/legal guardian's name: _____
- Parent's/legal guardian's signature: _____
- Date: _____



Immaculate Conception School

3285 Cathedral Ave, Prince George BC, V2N 5R2 Phone 250-964-4362
Fax 250-964-9465 Email icsoffice@cispg.ca www.icschool.ca

**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. The personal family background of a student is not an absolute obstacle to enrolment in a CISPG school. If 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 enroll 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.



Immaculate Conception School

3285 Cathedral Ave, Prince George BC, V2N 5R2 Phone 250-964-4362
Fax 250-964-9465 Email icsoffice@cispg.ca www.icschool.ca

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.

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

Family Name (Please Print)

Parent/Guardian Signature

Parent/Guardian Signature

Date