



## Enrollment Package Checklist

Student's Name: \_\_\_\_\_

	Student Demographic Information Form
	Release of Information form
	Internet Use Agreement Form
	Legal Residency Form (and a copy of immigration documents if not born in Canada)
	Copy of Birth Certificate
	Copy of Care Card
	\$50.00 Application Fee (Non-Refundable)

\*Please make sure that you have provided all the following information when returning your enrollment package to the office. Thank you!

# St. Anthony's School

1750 Nalabila Blvd.  
Kitimat, BC, V8C 1E6  
V8C 1E6

Phone: 250-632-6313  
Fax: 250-632-6317  
Email: [staoffice@cispq.ca](mailto:staoffice@cispq.ca)



Giving your child the gift of a Catholic Education is giving a gift that will last a lifetime.

## Enrollment Package

*More information on our website at [www.stanthonysschoolkitimat.com](http://www.stanthonysschoolkitimat.com)*

Registration for Grade \_\_\_\_\_

Start Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year

### STUDENT DEMOGRAPHIC INFORMATION

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Sex M  F  Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Birth City \_\_\_\_\_ Birth Province \_\_\_\_\_  
Day Month Year

Mailing Name \_\_\_\_\_ Mailing Address \_\_\_\_\_

Postal Code \_\_\_\_\_ Phone Number \_\_\_\_\_

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### RELIGIOUS BACKGROUND

Father's Religion \_\_\_\_\_ Mother's Religion \_\_\_\_\_ Marital Status \_\_\_\_\_

Child's Baptism Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Church \_\_\_\_\_ City \_\_\_\_\_  
Day Month Year

(Copy of Child's Baptismal Certificate Required)

Date of 1<sup>st</sup> Comm./Confirmation \_\_\_\_/\_\_\_\_/\_\_\_\_ Church \_\_\_\_\_ City \_\_\_\_\_  
Day Month Year

Date of 1<sup>st</sup> Reconciliation \_\_\_\_/\_\_\_\_/\_\_\_\_ Church \_\_\_\_\_ City \_\_\_\_\_  
Day Month Year

Registered with the Christ the King Parish Yes \_\_\_\_\_ No \_\_\_\_\_

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### EDUCATION HISTORY

Name of school presently enrolled in \_\_\_\_\_

Address of school presently enrolled in \_\_\_\_\_

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### FAMILY INFORMATION

Mother's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Phone \_\_\_\_\_

Address (if different from student) \_\_\_\_\_

Mother's Cell Number \_\_\_\_\_ Mother's E-mail Address \_\_\_\_\_

Legal Custody of student? \_\_\_\_\_ Emergency Contact? \_\_\_\_\_ Available at Work? \_\_\_\_\_

Mother's Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Phone \_\_\_\_\_

Father's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Phone \_\_\_\_\_

Address (if different from student) \_\_\_\_\_

Father's Cell Number \_\_\_\_\_ Father's E-mail Address \_\_\_\_\_

Legal Custody of student? \_\_\_\_\_ Emergency Contact? \_\_\_\_\_ Available at Work? \_\_\_\_\_

Father's Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Phone \_\_\_\_\_

Siblings:	Name	Relationship	Sex	Birth Date
1.	_____		M <input type="checkbox"/> F <input type="checkbox"/>	____ / ____ / ____ Day Month Year
2.	_____		M <input type="checkbox"/> F <input type="checkbox"/>	____ / ____ / ____ Day Month Year
3.	_____		M <input type="checkbox"/> F <input type="checkbox"/>	____ / ____ / ____ Day Month Year
4.	_____		M <input type="checkbox"/> F <input type="checkbox"/>	____ / ____ / ____ Day Month Year
5.	_____		M <input type="checkbox"/> F <input type="checkbox"/>	____ / ____ / ____ Day Month Year

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### EMERGENCY CONTACTS / ACCESS AUTHORIZATION

#### Persons other than parents/guardian to contact in case of emergency:

1) Emergency Contact \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

2) Emergency Contact \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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### MEDICAL INFORMATION (Confidential)

Family Doctor \_\_\_\_\_ Telephone \_\_\_\_\_

Family Dentist \_\_\_\_\_ Telephone \_\_\_\_\_

Health Card Number (Care Card) \_\_\_\_\_

Please indicate if your child has any of the following problems by ticking the appropriate boxes:

<input type="checkbox"/>	<b>VISION</b>	Nature of Problem	Wears glasses:	<input type="checkbox"/>	Contact Lenses	<input type="checkbox"/>
<input type="checkbox"/>	<b>HEARING</b>	Nature of Problem	Wears hearing aid: Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<input type="checkbox"/>	<b>ALLERGIES</b>	List: _____				

Requires emergency treatment? \_\_\_\_\_ Specify: \_\_\_\_\_

<input type="checkbox"/>	<b>ASTHMA</b>					
		Requires emergency treatment? _____	Specify: _____			

<input type="checkbox"/>	<b>DIABETES</b>	Requires insulin	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<input type="checkbox"/>	<b>EPILEPSY</b>	Type: _____	Requires medication:	<input type="checkbox"/>	No	<input type="checkbox"/>

Specify: \_\_\_\_\_

<input type="checkbox"/>	<b>HEART CONDITION</b>	Nature of problem: _____
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Physical activity is limited to the following: \_\_\_\_\_

<input type="checkbox"/>	<b>OTHER</b> (specify): _____	Medication required for treatment/control of the disease:
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\_\_\_\_\_

If any are selected above please answer the following: Is the medical condition life threatening: \_\_\_\_\_

Is your child able to participate in a full P.E. program?  Yes  No If NO please provide an exemption note from your family physician as P.E. is a required subject. Our ultimate goal is to cooperate with you in keeping your child healthy, so if you have any further questions, please do not hesitate to call your local Health Office or the Public Health Nurse. If your child's medical condition changes during the year, please inform the school.

\_\_\_\_\_ Date \_\_\_\_\_ Parent's Signature

Has your child experienced any learning difficulties or any behavioral problems? Has your child received Learning Assistance? Please give details.

\_\_\_\_\_  
\_\_\_\_\_

Has your child received Speech Therapy? \_\_\_\_\_

## RELIGION PROGRAM

All Catholics and Non-Catholics must participate in religious instruction during normal school hours.

## FAMILY LIFE PROGRAM

The intent of the program is to assist parents in promoting the integration of Christian Principles into the whole pattern of human life.

My child will participate in the Family Life and Religion Program offered by St. Anthony's School.

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Parent's Signature

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## TUITION FEES

Tuition Fees can either be made by ten monthly payments using our credit/debit machine, post-dated cheques, pre-authorized bank payments or a single annual payment. Payments can be made on either the 1<sup>st</sup> or 15<sup>th</sup> day of each month (September to June).

**We require a non-refundable \$50.00 Application Fee.**

**Tuition: *TUITION RATES ARE SUBJECT TO CHANGE***

- Single Student \$285 per month
- Family \$390 per month
- ❖ **Please note, all fees are subject to change**
- ❖ **\$15 late fee will apply for all late payments**

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Parent's Signature

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WHEN RETURNING THE ENROLLMENT PACKAGE PLEASE REMEMBER TO INCLUDE A COPY OF THE STUDENT'S BIRTH CERTIFICATE, CARE CARD AND BAPTISMAL CERTIFICATE (IF BAPTIZED).



Dear Parents/Guardians

Re: P.I.P.A. – Personal Information Privacy Act Form

Students could be involved in media or fundraising events promoting our school. It is necessary for us to know who has permission to have their person information and/or picture shared. The Personal Information Privacy Act (PIPA) records what is/is not permitted. This form will be kept in the students file for reference.

Please indicate below and return with the application package.

**PIPA – Personal Information Privacy Act Permission Form**

Consent for release of information under the authority of the School Act Sections 13 & 97.

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_  
(please print)

YES \_\_\_\_ NO \_\_\_\_ I permit my child's name and/or phot to be used in any school publications.

YES \_\_\_\_ NO \_\_\_\_ I permit my child to be included in any media coverage of a school event, including radio, television, newspaper, advertising and school website/facebook site.

YES \_\_\_\_ NO \_\_\_\_ I permit the school to disclose my name, phone number, mailing address, and my child's name and grade to the Parent Support Group for fundraising and volunteer purposes.

Parents Name: \_\_\_\_\_  
(please print)

Parent's Signature \_\_\_\_\_

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

# *St. Anthony's School*

## **INTERNET USE AGREEMENT**

Internet access is now used by Kindergarten to Grade 9 students at St. Anthony's School. We are very pleased to offer this tool as a valuable resource to both students and teachers for the purpose of conducting research.

All students will receive Internet instruction which focuses on safety issues as well as how to navigate the Internet to search for information for school-based projects.

While we acknowledge that we cannot control the vast amount of information, which is available on the Internet, every effort has been taken to provide on-line safety. Students will be supervised whenever they are on the Internet.

We are using a filter system called "We-Blocker" which permits the school to block access to undesirable sites.

We invite students and parents to read the "Conditions of Internet Use" section below. Both student and parent signatures are required for students to access the Internet.

### **Internet Terms and Conditions**

1. Students are responsible for their own behavior on school computers. General rules for behavior in keeping with the St. Anthony's standard of behavior apply.
2. The Internet is provided for students to conduct research. Access to the Internet is granted to students who agree to conduct themselves in a responsible manner. Access is a privilege. Inappropriate use or behavior on the part of an individual will result in cancellation of Internet privileges for the remainder of the year.

#### **Inappropriate Behavior consists of:**

- Attempting to download information without teacher permission
- Printing from the Internet without teacher permission
- Consistently not following teacher instructions
- Attempting to access inappropriate sites or other computers
- Attempting to access chat lines
- Intentionally damaging computers



## INTERNET USE AGREEMENT (continued)

### Student section:

I have read the St. Anthony's Internet agreement with my parent/guardian and I agree to follow the rules for using computers. I understand that if I break the rules, I may lose my Internet privileges for the rest of the school year, and I may face other consequences.

Student's Signature \_\_\_\_\_ Grade \_\_\_\_\_

### Parent or Guardian Section:

As the parent or legal guardian of the student signing above, I have read the Internet Use Agreement and grant permission for my son or daughter to access the Internet. I understand that the Internet access is designed for educational purposes only. I understand that the St. Anthony's staff has taken every precaution within their power to provide for online safety. I also understand that my son or daughter will be held responsible for any violations.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Name (printed) \_\_\_\_\_

**LEGAL RESIDENCY OF PARENT**  
(if parents are deceased, use Appendix B)

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 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 below 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 two or more years (or issued for one year but anticipated to be renewed for one or more additional years)
    - Employment authorization (working 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 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)
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***(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: \_\_\_\_\_

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

**CATHOLIC INDEPENDENT SCHOOLS  
DIOCESE OF PRINCE GEORGE**

Revised December 20, 2019

**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 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.

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: \_\_\_\_\_

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