



ST. ANN'S ACADEMY
ESTABLISHED 1880

ST. ANN'S ACADEMY
205 Columbia Street, Kamloops, BC V2C 2S7
Tel 250-372-5452 Fax 250-372-5257
Website: www.st-anns.ca
e-mail: officeadmin@st-anns.ca

FOR OFFICE USE ONLY

Date Received: _____

APPLICATION FORM 2018 – 2019

PERSONAL INFORMATION

Application for GRADE: _____ (Copy of most recent report card required if applicable)
STUDENT'S LEGAL NAME: _____ NAME USED: _____
(Surname) (First) (Middle)
BIRTHDATE: _____ GENDER: Male ___ Female ___ LANGUAGE SPOKEN AT HOME: _____
(Day/Month/Year)
MAILING ADDRESS: _____ POSTAL CODE: _____
VERIFICATION OF AGE: BIRTH CERTIFICATE (Copy required) OTHER (Copy required)
PLACE OF BIRTH: _____
STUDENT'S CITIZENSHIP: _____ PARENTS' CITIZENSHIP: _____
PROOF OF BC RESIDENCY: _____
ABORIGINAL ANCESTRY: Yes No If **YES**, please indicate Band name and no. _____
IS BUS INFORMATION REQUESTED? Yes No Sa-Hali/Aberdeen ___ Valleyview/Dallas/OLPH ___

FAMILY INFORMATION

FATHER/GUARDIAN: _____ RESIDENT IN HOME: Yes No HOME PH: _____
EMAIL: _____ CELL PH: _____
OCCUPATION/PLACE OF EMPLOYMENT: _____ WORK PH: _____
MOTHER/GUARDIAN: _____ RESIDENT IN HOME: Yes No HOME PH: _____
EMAIL: _____ CELL PH: _____
OCCUPATION/PLACE OF EMPLOYMENT: _____ WORK PH: _____
ADDRESS OF EITHER PARENT IF DIFFERENT FROM ABOVE: _____
EMERGENCY CONTACT(S): _____
(Name) (Home No.) (Cell No.)

(Name) (Home No.) (Cell No.)
SIBLINGS (name, age): _____

EDUCATIONAL INFORMATION

DOES YOUR CHILD HAVE A DIAGNOSIS THAT REQUIRES SPECIAL EDUCATION PROGRAMMING? YES NO
DIAGNOSIS: _____
FORMER SCHOOL: _____ DID YOUR CHILD ATTEND SAA CHILDCARE? YES NO
CHILD RECEIVED SPECIAL EDUCATION PROGRAMMING: YES NO
CHILD RECEIVED SPECIALIST INTERVENTIONS (i.e. Speech, Hearing, Behaviour Support, etc.): YES NO
CHILD RECEIVED LEARNING ASSISTANCE: YES NO
If **YES** to any of the above, please explain services provided: _____

Please complete both sides

FAITH INFORMATION

RELIGION: _____ PARISH: _____

SACRAMENTS RECEIVED: BAPTISM (copy required)
 FIRST COMMUNION
 RECONCILIATION
 CONFIRMATION

PLEASE INDICATE PARENTS' FAITH:
MOTHER: ___ Catholic ___ Non-Catholic
FATHER: ___ Catholic ___ Non-Catholic

TUITION CATEGORY OUR FAMILY QUALIFIES FOR:

SAA Tuition
 SAA Tuition with Parish Subsidy
PARISH FORM TO PASTOR: Yes No

Please note: To qualify for SAA Tuition with Parish Subsidy, please fill out the Parish Tuition Subsidy Form and have it signed by your Parish Priest.

LEGAL INFORMATIONLEGAL 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.)

HEALTH INFORMATION

LIST ANY ALLERGIES, PHYSICAL LIMITATIONS, ETC. _____

CARE CARD NUMBER: _____ MEDIC ALERT: Yes No BRACELET WORN: Yes No

FAMILY DOCTOR: _____ PHONE: _____

FAMILY DENTIST: _____ PHONE: _____

CONSENT INFORMATION**Sacred Heart Cathedral**

I hereby give my consent for _____ to walk to and from Sacred Heart Cathedral during regular school hours to attend Mass or other school events. I understand my child will be accompanied and supervised by at least one St. Ann's Academy staff member. Parents will be notified of these dates via the SAA Weekly and email communication.

Personal Information Release Permission

- 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 school website).
- Yes No I permit the school to disclose my name, phone number, email address and my child's name and grade to the St. Ann's Parents' Association (SAPA) for the purpose of direct SAPA communication.

I hereby acknowledge that I can access the St. Ann's Academy Parent Handbook on-line and agree to pay all fees as required.

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

FOR OFFICE USE ONLY

Report Card		Interview	
Birth Cert.		Status	
Baptism Cert.		Rate	
Immunization		Misc.	

Please complete both sides