



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 2022 – 2023

PERSONAL INFORMATION

Application for GRADE: _____ (Copy of most recent report card required)

STUDENT'S LEGAL NAME: _____ PREFERRED FIRST NAME: _____
(Surname) (First)

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: _____ COPY IMMUNIZATION RECORD _____

FIRST NATIONS 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): _____

WHY ARE YOU CHOOSING TO SEND YOUR CHILD(REN) TO SAA? _____

EDUCATIONAL INFORMATION

FAILURE TO COMPLETE THE FOLLOWING SECTION COMPLETELY AND ACCURATLY MAY RESULT IN THE REMOVAL OF YOUR CHILD, AS THE SCHOOL MAY NOT BE ABLE TO PROVIDE THE RESOURCES REQUIRED. AS A PART OF THE REGISTRATION PROCESS, WE MAY BE CONTACTING CURRENT OR FORMER SCHOOLS FOR INFORMATION ABOUT YOUR CHILD'S ATTENDANCE, PERFORMANCE, AND BEHAVIOR.

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, Behavior Support, etc.): YES NO

CHILD RECEIVED LEARNING ASSISTANCE: YES NO

Please complete both sides

If **YES** to any of the above, please explain services provided: _____

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 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.)

HEALTH INFORMATION

LIST ANY SEVERE ALLERGIES: _____

PHYSICAL LIMITATIONS: _____

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

Safeguarding the personal information of employees, parents, and students is a fundamental concern of Catholic Independent Schools Kamloops Diocese (CISKD). The school is committed to meeting or exceeding the privacy standards established by British Columbia's Personal Information Protection Act (PIPA) and any other applicable legislation. (For the full policy, inquire at the front office.)

To facilitate registration between CISKD schools, additional information such as a birth certificate, baptismal certificate, etcetera may be forwarded to the new 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).

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: _____

Please complete both sides