



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

PERSONAL INFORMATION

Application for GRADE _____ and School Year: _____

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)

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/OLPH _____

FAMILY INFORMATION

FATHER/GUARDIAN: _____ RESIDENT IN HOME: Yes No HOME PH: _____

EMAIL: _____ CELL : _____

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) (Relationship) (Phone Number)

(Other than parents above) _____
(Name) (Relationship) (Phone Number)

SIBLINGS (name & birthdates): _____

Are you or any of your family members SAA Alumni YES NO If yes, what years did you attend _____

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

HEALTH INFORMATION

LIST ANY SEVERE ALLERGIES/DIETARY RESTRICTIONS: _____

PHYSICAL LIMITATIONS AND/OR MEDICAL ALERTS (please specify): _____

BC CARE CARD NUMBER: _____ EPI-PEN: Yes No INHALER: Yes No

FAMILY DOCTOR: _____ PHONE: _____

FAMILY DENTIST: _____ PHONE: _____

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.)

I am:

A Canadian Citizen (if not born in Canada, please attach a photocopy of citizenship paperwork)

A landed immigrant (please attach a photocopy of landed immigrant status paperwork)

Lawfully admitted to Canada under one of the following documents (please mark the appropriate box and attach photocopy of respective document)

____ Admissions as a refugee claimant

____ A person claiming refugee status who has a letter of no objection

____ Student authorization (student visa) for one year or longer

____ Employment authorization (working permit) for one year or longer

____ Other – document description _____ (must be cleared with Immigration Canada)

Residency in British Columbia

I am a resident of British Columbia (**please mark the appropriate answer**)

_____ **YES** Residency address: _____

_____ **NO** I am not currently residing in British Columbia

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.

DOES YOUR CHILD HAVE A DIAGNOSIS THAT REQUIRES SPECIAL EDUCATION PROGRAMMING? YES NO
DIAGNOSIS: _____

FORMER SCHOOL(S) Please note all schools this student has attended in the last five (5) years must be identified. This includes brick-and-mortar schools, online schools, out-of-country schools, etc. Please add an additional sheet if necessary:

DID YOUR CHILD ATTEND SAA CHILDCARE? YES NO

Please note that attendance in Childcare does not guarantee a spot in an SAA Class.

DID YOUR CHILD ATTEND A SMART START PROGRAM? YES NO If Yes where? _____

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

If **YES** to any of the above, please explain services provided and provide any related documentation:

FAITH INFORMATION

RELIGION: _____ PARISH: _____

SACRAMENTS RECEIVED: BAPTISM (copy required)
 FIRST COMMUNION
 CONFIRMATION

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

TUITION CATEGORY OUR FAMILY QUALIFIES FOR:

SAA Tuition
 SAA Tuition for Active Practicing Catholics to Qualify for this rate the "Application for Active Tuition Rate" Form must be signed by your current Parish Priest
PARISH FORM TO PASTOR: Yes No Date: _____

CONSENT INFORMATION

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.

As a part of the registration process we will be contacting current and former schools to obtain information about your child's attendance, performance, behaviour, special education needs, etcetera.

I give consent for St. Ann's Academy to contact any/all former schools to get information on my child's educational needs.

I hereby acknowledge that all information enclosed in this application is true and complete. Failure to provide any of the requested documents puts your family at risk of unenrollment at St. Ann's Academy.

I have enclosed the following required documents required to complete this application:

- o Birth Certificate
- o Baptismal Certificate (if applicable)
- o Prior 2 years of report cards and any educational documents (including but not limited to: Individualized Education Plan's, learning plans, psych evaluations, etcetera)
- o Any specialist intervention reports, such as Speech and Language Pathology, Occupational Therapist, Physiotherapist, etc.
- o Copies of any custody or guardianship documents (if applicable)
- o Copy of Immunization Records

I understand that any new families to St. Ann's Academy are welcome on a one (1) year probation.

PARENT/GUARDIAN NAME: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____