

Considering St. Joseph Catholic School?

1. [Book a tour](#)
2. Read through our [website](#) and [Parent Handbook](#)
3. Follow us on [Facebook](#) and [Instagram](#) to learn more about our school community
4. Complete the Registration Process with materials found in this folder! *Did you know tuition is tax deductible?*
5. Application review
6. Interview and assessments
7. Notification of acceptance
8. [Order uniforms](#) and school supplies (see the office for details)
9. Grade/class placement and
10. Pay classroom fees

Welcome to... St. Joseph Catholic School!

Thank you for choosing Catholic Education. We look forward to working with you in educating your child in a Catholic environment.



*Lynn Fleck,
Principal*



*Maddy Pedrette,
Vice Principal*



*Susan Sehn
Office Administrator*

As the welcoming team at St. Joseph Catholic School, our role is to serve your family as you register your child(ren) at our school.

From your initial inquiry through the registration process, we are here to help you with all of your questions. We value the relationship that we form and we are happy to continue to serve you throughout your time at St. Joseph Catholic School!

Please call or email us at any time during the registration process:

Phone: (250) 826-2718

Email: sjkoffice@cisnd.ca

****Early Registration Discount**

Application packages completed and returned to the school **on or before March 14th, 2019** are eligible for the early registration discount and will receive the current school year's tuition rates for next year. See the tuition fee schedules for details.

Admissions Process

Step One: Complete & Save Fillable PDF Documents

Now that you have downloaded our registration package, make sure it is saved in a place on your computer that is easily accessible like your computer desktop. **READ, FILL IN, SAVE** to email later **or PRINT** and **SIGN** to submit in person, the form. **In the event of a wait listing, with the permission of the applicant, information will remain on file.**

Step Two: Copy/Scan/Photograph Supporting Documents

The following checklist names the forms and the supporting documentation required:

- Birth certificate**
- Baptismal certificate** (if applicable)
- Legal documentation** of parent (if not born in Canada)
- Immunization records** (Health Passport)
- Court order** outlining **custody agreement** for student
- Court order** outlining **legal guardianship** for student
- Most recent report card** (if applicable)
- Most recent Individual Education Plan** (IEP) (if applicable)
- Tuition**
 - **First month tuition** fee payment due upon registration
 - **Parent participation fee** payment due upon registration
 - Not from Kelowna? **Letter of reference from a pastor**
 - **Void cheque** for monthly Withdrawals **or**
 - **Cheque for tuition payment in full** (dated no later than Sept. 15th)

Step Three: Submit Application

Please drop off your **signed, completed application** with **supporting documents, tuition and participation fees and enrollment fee payment** (one-time payment of \$25 per family) to the school office at [839 Sutherland Ave](https://www.839sutherlandave.com) or email your completed application to sjkoffice@cisnd.ca and bring in the **supporting documents, tuition and participation fees and enrollment fee payment** (one-time payment of \$25 per family) to the school office.

Registrations will only be processed when **all** items and required documentation has been submitted.

We look forward to meeting you and your family in person!
See you soon,

Lynn Fleck, Principal

Maddy Pedrette, Vice Principal

Susan Sehn, Office Administrator

Tuition Information

Reason for Tuition Fees

St. Joseph Elementary school is recognized by the Ministry of Education as a Group I Independent School. This means that we are able to have the maximum funding available to an Independent School (50% of the per student operating costs of the local public school district). These are partial operating costs only and do not cover costs for capital expenditures such as: buildings, computers, desks, transportation, etc. Other sources of revenue are required to operate the schools. There are three other sources of revenue for our operational budget: tuition fees, donations and fundraising.

Reason for a “Practicing Catholic” Tuition Rate

St. Joseph Elementary School accepts practicing Catholic (Category I), non-practicing Catholic and non-Catholic (Category II) students. Both Catholic and non-Catholic families pay tuition and indirectly support the school through government grants (we all pay taxes!). It is a fourth source of revenue, parish subsidies for capital expenditures, in which non-practicing Catholic and non-Catholic families do not participate. Because of this, a two-tiered tuition rate has been set which reflects that those already supporting the school financially through their own parish should enjoy some benefit from a lower tuition rate. Stated the other way, a family who is not active in a Catholic Church which financially supports our schools, should in fairness play an equally supportive role in the area of school finances by paying a higher tuition.

Fair Policy

There is a reason, therefore, for having a Catholic family’s pastor vouch that a family is an active parish family. This attempts to uphold an integrity to the policy of a two tiered tuition rate. A family requesting a Catholic rate must actually qualify for the lower rate, to be fair to three groups of people:

1. If a non-Catholic family pays a higher tuition rate it must be because the Catholic families are actually supporting the school through their own contribution in the Sunday collection on a regular committed basis. Otherwise, it would be blatantly discriminatory to charge people different tuition rates simply on the basis of religious denomination.
2. Parishioners of the Catholic parishes in Kelowna and area financially support Catholic schools to a total annual amount of approximately \$190,000. It would be unfair to expect the parishes to subsidize families who are not in turn sharing in the financial responsibilities of the parish.
3. The staff in our Catholic school accepts a lower salary than their public counterparts as part of their commitment to Catholic education. It would certainly be a double standard to expect one thing from the staff and, at the same time, not expect families to be offering such example to their children.

Catholic Rate Criteria

While the practice of the Catholic faith involves the sacramental life of the Church, moral living consistent with the gospel, responsible stewardship in supporting the Church, and prayer and bible reading, the focus of the Catholic tuition rate relates to financial stewardship.

1. Unless excused for an acceptable reason, the precept of the Church specifies that, on Sundays and other Holy days of obligation, the faithful are bound to participate in the Mass (see Catholic Catechism #2180).
2. The faithful should participate in the activities of the parish in a visible way so that, together, all parishioners may continue the mission of the Church, i.e., to make Jesus known to the community.
3. A Catholic makes regular, sacrificial contributions to their parish in the Sunday collection, which includes planned giving through the use of contribution envelopes.

***Therefore, in requesting the subsidized practicing Catholic parish rate, you are asking the parish to affirm the practice of your faith, as identified above.

2019 - 2020 TUITION FEE SCHEDULE

CATEGORY I – CONTRIBUTING MEMBER OF A CATHOLIC PARISH

	<u>Regular Rate after March 15th</u>	<u>Early Rate up to March 15th</u>
1 st student (oldest)	\$362/mo for 10 months	\$344/mo for 10 months
2 nd student	\$234/mo for 10 months	\$222/mo for 10 months
3 rd student	\$153/mo for 10 months	\$145/mo for 10 months
Maximum	\$747/mo for 10 months	\$711/mo for 10 months

The Catholic Parishes in the Kelowna area subsidize the Catholic school system. Since active members of these parishes contribute to the schools through church contributions, reduced tuition is charged but must be applied for. For families that have children at Immaculata High School please contact the office for the blended school rate.

CATEGORY II – STANDARD TUITION FOR BRITISH COLUMBIA RESIDENTS

	<u>Regular Rate after March 15th</u>	<u>Early Rate up to March 15th</u>
1 st student (oldest)	\$490/mo for 10 months	\$466/mo for 10 months
2 nd student	\$263/mo for 10 months	\$250/mo for 10 months
3 rd student	\$189/mo for 10 months	\$180/mo for 10 months
Maximum	\$941/mo for 10 months	\$896/mo for 10 months

CATEGORY III – INTERNATIONAL AND OUT OF PROVINCE STUDENTS

\$14,400.00 for full year (10 months)

This tuition level reflects the cost of educating a student in the Central Okanagan. Government funding is available only for students who are Canadian citizens or landed immigrants, whose parents or legal guardians are residents of British Columbia. In addition to tuition, international students are responsible for uniforms costs, class fees, medical insurance and miscellaneous other fees.

CATEGORY IV – OTHER CANADIAN STUDENTS FUNDED FEDERALLY

Equivalent of current provincial funding plus tuition fees applicable to Category I or Category II funding as appropriate. Please contact the school for more information.

TUITION FEES ARE PAYABLE BY ONE OF THE FOLLOWING METHODS:

New Families:

Annually: 1st month's tuition fee plus \$250.00 parent participation due upon registration.

Balance of tuition (October – June) is due on or before September 15th.

Monthly: 1st month's tuition fee plus \$250.00 parent participation due upon registration.

Direct withdrawal on the 6th of each month will follow October – June.

Returning Families:

Annually: 1st month's tuition fee is payable by July 6th. The \$250 parent participation fee is payable by August 6th.

Balance of tuition (October – June) is due on or before September 15th.

Monthly: 1st month's tuition fee will be withdrawn by pre-authorized debit on July 6th. The \$250 parent participation fee on August 6th.

Direct withdrawal of tuition on the 6th of each month will follow October – June.

****Anyone who has prepaid tuitions and received a charitable donation receipt, and subsequently withdraws, is not eligible for any tuition refund.**



Student Admission Application

STUDENT INFORMATION

Student's Legal Name (as it appears on the birth certificate)

_____ / _____ / _____
LAST FIRST MIDDLE

Student's USED Name (only if different than above): _____ Gender: _____

Current Grade: _____ Grade Applied for: _____ Admission Date Requested: _____

Age: ____ Date of Birth: _____ Birthplace: _____ Language Spoken at Home: _____
Day / Month / Year

If applicable: Year of Baptism: _____ Year of 1st Communion: _____ Year of Confirmation: _____

Religion: _____ Aboriginal Ancestry? Yes No Band Status: _____

MOTHER'S INFORMATION

Full Name: _____ Religion: _____

Address: _____ City: _____ Postal Code: _____

Home Phone: _____ Cell: _____ Email: _____

Relationship to Student: Birth Adoptive Step Foster Guardian Ministry

Employer/Occupation: _____ Work Phone: _____

FATHER'S INFORMATION

Full Name: _____ Region: _____

Address: _____ City: _____ Postal Code: _____

Home Phone: _____ Cell: _____ Email: _____

Relationship to Student: Birth Adoptive Step Foster Guardian Ministry

Employer/Occupation: _____ Work Phone: _____

Alternate Person to Contact in an Emergency: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Student's BC Medical Services Plan Card # _____

Doctor's Name: _____ Doctor's Phone Number: _____

Present Parish Family Attends: _____ Envelope # _____

Current School Student Attends: _____ Phone Number: _____

Address: _____ City: _____ Prov. _____ Postal Code: _____

School Phone: _____ School Fax: _____ Email: _____

I/we, hereby, certify that the above information is correct. I/we, _____, hereby agree to support the school rules and regulations as long as my child remains a student in St. Joseph Catholic School.

X _____ **X** _____ _____
 Parent/Legal Guardian Signature Parent/Legal Guardian Signature Date

***Were you referred to St. Joseph School by another family? If Yes, Referral Family Name:** _____

FAMILY INFORMATION

Please list the names and birthdates of all **other** children in your family if they are not yet registered at our school:

Name: _____ Birthdate: _____ Name: _____ Birthdate: _____

Name: _____ Birthdate: _____ Name: _____ Birthdate: _____

Name: _____ Birthdate: _____ Name: _____ Birthdate: _____

How will your child arrive at school most often? Leave after school most often?

***Only complete this section in case of separation, divorce or additional guardianship.**

Please provide separate copies of school communications (i.e. newsletters, report cards, etc.) Yes No

Please explain the current living arrangements:

LEGAL GUARDIANSHIP of this child is awarded to:

Name (s): _____ and _____

Is there a **court order** regarding custody? Yes No *If 'Yes', please provide a copy for the office.

STUDENT SUPPORT

Has your child ever been assessed for or received Learning Assistance in school? Yes No

Including: Psycho-educational, Behavioural, Counseling, Occupational Therapy, Physical Therapy, Speech Language Pathology, etc.)

If 'Yes', please explain and include a copy of the most recent **LP/IEP/Behavioural Plan** and/or **Psych Ed** assessments (if applicable).

Please check any that may apply to your child:

ADHD Anxiety Depression LD (Learning Disorder) ASD (Autism Spectrum Disorder)

ODD (Oppositional Defiant Disorder) FAS (Fetal Alcohol Syndrome) Other: _____

Does your child receive any grants or funding from the government? Yes No

Does your child have an Interior Health Children's Network (IHCAN) assessment or is waiting for one? Yes No

Has your child been immunized? Yes No If yes, please **attach a copy** of your child's immunization record.

If records are at your Doctor's office or Health Unit (not local), please provide contact information below:

Name of Health Unit or Doctor: _____ Address: _____

RELEASE OF IMMUNIZATION RECORDS CONSENT

I authorize **St. Joseph Catholic School** to receive immunization records from the indicated doctor or health unit.

SIGNATURE

Parent/Legal Guardian (please print)

X _____
Parent/Legal Guardian Signature

Date

To be completed and signed by parent or legal (court-appointed) guardian. If legal guardian, please attach copy of court order appointing you as legal guardian.

LEGAL RESIDENCY OF PARENT

I am (please X one):

- A Canadian citizen (if not born in Canada, please attach photocopy of citizenship)
 - A landed immigrant
 - Lawfully admitted to Canada under one of the following documents (please mark the appropriate space 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)
-

RESIDENCY IN BRITISH COLUMBIA

I am a resident of British Columbia (please X one):

YES : Residency Address(required):

NO, I am not a resident of British Columbia

Parent/Legal Guardian (please print)

X _____
Parent/Legal Guardian Signature

Date

RESIDENCY OF PARENTS (**ONLY** if Deceased)

To be completed by the student or knowledgeable adult (one who knows the student's parent(s) and has knowledge of the facts respecting their decease and the matters set out in this document).

- The student's deceased parent was at time of death:
 - A Canadian citizen
 - A landed immigrant
- The student's deceased parent was at the time of death
 - Yes, a resident of British Columbia
Residency Address (required):

 - No, not a resident of British Columbia

Knowledgeable adult name (please print)

X _____
Signature of knowledgeable adult

Date

Parental Consent and Agreement

By signing this agreement, I/we hereby certify that the information provided in the **St. Joseph Catholic School Student Application** is correct. I/we hereby agree to support the **St. Joseph Catholic School** rules and regulations laid down by the **St. Joseph Catholic School Council**, the principal and the school staff, as long as my child remains a student in the afore mentioned school.

PRIVACY OF PERSONAL INFORMATION CONSENT

Please indicate your support for the following statements by marking an 'X' in each box:

I consent to:

- allowing **St. Joseph Catholic School** to collect **personal information** that may include student identification information, birth certificate, legal guardianship, court orders, if applicable, parents' work numbers and e-mail address, behavioural, academic and health information, most recent report card, emergency contact name and number, doctor's name and number, health insurance number and any similar information needed for registration.
- allowing **St. Joseph Catholic School** to **release school records** to his/her future education institution should I choose to have my child attend a different educational institution.
- the **use and disclosure of information** contained in this form and otherwise collected by or on behalf of **St. Joseph Catholic School** (1) for the purpose of establishing, maintaining, and terminating the student's or parent's relationship with **St. Joseph Catholic School**, (2) for additional purposes identified when or before personal information is collected, and (3) as otherwise provided in **St. Joseph Catholic School's** Personal Information Privacy Policy, a copy of which is available on request. I also consent to the collection, use and disclosure of such personal information by and to agents, contractors and service providers of **St. Joseph Catholic School**. *This information is required in order to register your child at this school and assist the school authority in making an informed decision as to your child's suitability and appropriate placement in the school. It will also allow the school to respond immediately to an emergency. For more information, the privacy officer for St. Joseph Catholic School is the school principal and may be reached at (250)763-3371 ext. 207.*
- the **publication of my child's name, photograph and comments for the purposes consistent with the following statement:**
 - It is the tradition in the school to allow staff, parents, and media to photograph individual students and groups of students for promotional material, to commemorate events, and to promote various educational, sports, and cultural events taking place in the school. While these add to the community life of the school, they are not required for educational purposes. Students' names, photographs and comments may be published on the school newsletter, school reports, news or social media.
 - having my child's name and child's grade listed online in the school **family directory**. The school includes contact information in the family phone directory. Please fill out the School Directory Form to specify which information you are comfortable sharing.
 - our address and phone number being on the **school phone lists**. The school prepares class phone lists at each grade level to be used by school personnel for various school purposes. We sometimes have parents involved in phoning to fan out information for school purposes.
 - the following statements: I acknowledge that my **vehicle insurance information and driving record** are required by the school to protect against third party liability claims in case of an accident, should I use my vehicle to drive for the school. I understand that this information will only be released in the event of an accident.

St. Joseph Catholic School acknowledges that there will be no disclosure of personal information to unauthorized personnel or third parties who are not directly involved in school management or the care, supervision and instruction of your child at this school, unless written authorization from a parent or legal guardian is provided to the school. The school will securely store all digital and hard copy parent and student personal information.

School Privacy Officer/Principal: _____

FIELD TRIP CONSENT

- I consent to allowing my child to participate in the **local field trips** planned for him/her while attending **St. Joseph Catholic School**. Please see School Handbook for more detailed information regarding field trips.
- I understand that all the requirements of the **School Code of Conduct** will apply while students are on field trips and that any field trip will be planned according to the directives of the Catholic Independent Schools of the Nelson Diocese (CISND).

CONSENTING SIGNATURE

Parent/Legal Guardian (please print)

X _____
Parent/Legal Guardian Signature

Date

MEDICAL INFORMATION

Student Name: _____ Grade Entering: _____

Home Phone: _____ Work Phone: _____ Ext: _____

Cell Phone: _____

_____ **X** _____
Parent/Legal Guardian Name (please print) Parent/Legal Guardian Signature Date

My child has no conditions

1. My child has a: (see list of these conditions below)

_____ **emergency condition**

The name of the condition is:

_____ **non-emergency condition**

Emergency Conditions

- Diabetes
- Epilepsy
- Heart Disease
- Hemophilia
- Seizure (medication)

Severe Allergies to _____

Causing symptoms such as:

- Fainting/loss of consciousness
- Hives
- Difficulty breathing
- Swelling (esp. eyes, lips, face & tongue)
- Throat tightness/closing

Specify others _____

Severe Asthma causing:

- Extreme difficulty breathing
- Uncontrollable coughing
- Wheezing not relieved with medication

Non-Emergency Conditions

- Mild Allergies (controlled with medication)
- Eating disorder (e.g. Anorexia)
- Mild Asthma (controlled with medication)
- Cancer
- Depression (treated with medication)
- Dyslexia
- Migraine Headache
- Narcolepsy
- Medication allergy (e.g. to Antibiotics)
- Lupus
- Schizophrenia
- Aggressive condition
- Hyperactive condition (with medication)
- Attention condition (treated with medication)
- Visually impaired (e.g. color blind/deficient, vision)
- Hearing impaired

Specify others _____

If an emergency condition exists please complete #2 in detail.

If a non-emergency condition exists please move to #3.

2. **Emergency Condition (must be completed if emergency condition exists)**

a) Symptoms to watch for:

b) Precautions in the classroom

c) Emergency plan staff must follow (step by step):

1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

7) _____

3. Does your child take medication? (must be completed if **non-emergency** condition exists)

Yes _____ No _____

If yes, the name of the medication is _____

4. Does your child administer it themselves? Yes _____ No _____

If no, how often, how much, when is staff to administer the medication?

A "Request for Administration of Medication at School" form **must** be completed if staff are required to administer the medication. This form **must** be completed **every** September. If you have already completed a form for this year, you do not need to do this again. If not, please pick up a form up at the office as soon as possible.

Other medical information you feel the school should be aware of:

Practicing Catholic Tuition Rate Request

If you meet the requirements as outlined in the practicing Catholic rate criteria, complete this form and return it to the school. In doing so, you are affirming that you are a practicing Catholic family and qualify for the parish-subsidized Catholic tuition rate. **Financial support from the parishes to help children receive a Catholic education is taken directly from Sunday collections.**

By answering "YES" to the following statements we are requesting the practicing Catholic tuition rate.

We have been registered parish members at _____ Catholic Church for at least the last three months.

***If you have recently moved to Kelowna, please provide a letter of reference from your current pastor.**

Our collection envelope number is _____

We attend Sunday Mass weekly. ___YES ___NO

We contribute financially for the work of the parish. ___YES ___NO

We are involved in the following parish ministries and/or parish groups:

Baptismal information already on file at St. Joseph School, Kelowna

OR

Our child(ren) were baptized accordingly:

Child's Name	Church's Name	City	Date

I/we, the parent(s)/guardian(s), are practicing Catholics and I/we request the Catholic tuition rate for this year.

CONSENTING SIGNATURE

_____ **X** _____
 Parent/Legal Guardian (please print) Parent/Legal Guardian Signature Date

NOTE: Should you not qualify at this time please disregard this form. You may contact the school to request the practicing Catholic tuition rate if your situation changes.

Pre-Authorized Debit Agreement for 2019/2020

Payor Name: _____

Account Information

- My account information is the same as the previous school year. (Void cheque not necessary.)
 My signature is still required below.

- New authorization. My account information is not on file.
 My account information has changed.

Attach void cheque here

Pre-Authorized Debit Details

I, the payor, authorize *St. Joseph Catholic School* and the financial institution designated (or any other financial institution I may authorize at any time) to begin deductions as per my instructions for tuition payments and/or any other outstanding amounts due from time to time. These services are for personal use.

I understand that the *Roman Catholic Bishop of Nelson* will administer this PAD Agreement.

Regular monthly payments for the full amount of tuition expenses will be debited to (i.e. withdrawn from) my specified account on or about the 6th day of the months of July 2019 (returning families only) and October 2019 to June 2020. The parent participation fee of either \$250 or \$125 (returning families only) will be debited August 6th, 2019.

I may revoke my authorization at any time subject to providing at least 30 days written notice. To obtain a sample cancellation form or more information on my right to cancel a PAD agreement, I will contact my financial institution or visit www.cdnpay.ca.

Signatures

Signature of Account Holder:

Name (print): _____

Date: _____

Signature of Joint Account Holder (if applicable):

Name (print): _____

Date: _____

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on the payor's recourse rights, I may contact my financial institution or visit www.cdnpay.ca.



Life Threatening Allergy Awareness

Dear Parents/Guardians:

As each of you are aware when you register your child for school we ask you about your child's health and whether they have any allergies. **We have a number of students who have a life-threatening allergy to peanuts and a few students who are allergic to all nuts.** Some of these students are **allergic to the taste** only while others are **allergic to the touch** as well. If any of these students come into contact with nuts/peanuts they will have trouble breathing within seconds. This can happen even if they eat or touch a very small amount of a product containing nuts/peanuts by accident. To avoid such an emergency, we are asking for your much-needed cooperation.

We recognize that many children love nuts and especially peanut butter. However, it is mandatory that you **do not send nut products to school** with your child for lunch or snacks. If a child does bring a nut product to school by accident, we will ask that child to eat their snack or lunch in a safe area (one area has been set aside in each building) with a buddy.

Please discourage your child from sharing any food, knives, forks, spoons and food containers with the children that have allergies. We encourage all students to get in the habit of washing their hands before and after eating. **Hand washing is one of the best preventions.** In order to avoid any teasing, we ask that you take time to sit down with your child and discuss the seriousness of these allergies with your child and how each of us must be tolerant and accepting of the safety needs of all the children in the school.

The teachers and I will be discussing the above points with all students and we hope that each of you as parents will reinforce them at home with your child. In addition, the school's health nurse has reviewed the emergency procedures with us. All staff (including supervisors) have been instructed and informed about how to respond to such an emergency one should arise.

If you have any questions/concerns please do not hesitate to call me.

Yours in Christ,

Lynn Fleck
Principal
250-763-3371



Dear Volunteer:

Thank you for your interest in volunteering at our school. Volunteers strengthen our school community and are much appreciated.

Before you volunteer, in the interest of protecting you and our children, our Diocesan *Safe Environment Policy* requires that you:

- provide a clear criminal record check
- attend a Safe Environment Policy Application session (read the *Safe Environment Policy*, complete a *Safe Environment Application*)

Criminal Record Check

The criminal record check can be completed online free-of-charge through the Criminal Records Review Program.

- Web Site: <https://justice.gov.bc.ca/eCRC/>
- Access Code: **8RJ8BJCMYC** (Please do not publicize this access code or provide it to anyone) (If the online application fails to work, try using a different internet browser; e.g. if you are using Internet Explorer, use Google Chrome or FireFox instead.)

If your online application is successful, the online system provides you with a confirmation number for your submission.

If your online application is not successful, the online system prompts you to print a criminal record check consent form. Print the form and sign it. Bring the form, along with photo ID to the school office to verify your ID and submit the form to the Criminal Records Review Program.

If you prefer to submit a manual application or you do not meet the requirements for the online application, please visit the Diocesan Safe Environment web page for information about RCMP criminal record checks (the cost will vary depending on the community).

Safe Environment Training Application

Watch the school newsletter and parish bulletin for upcoming training sessions or contact your school.

You will find the *Safe Environment Policy* and other information on the Diocesan Safe Environment Office web page.



Parent Participation Opportunities

As parents at St. Joseph Catholic School we have many opportunities to be involved in our school community. Each year the school asks that you commit 20 hours of volunteer time to help support the amazing programs and events that make St. Joseph the best choice for your child's education.



Please complete this form indicating the areas you would like to volunteer and return it to the school. As you complete your volunteer hours, please record them on the Parent Participation Reimbursement Form. Forms are available on the school website under New & Events/Directory & Publications or at the school office.

Thank you for your commitment to our school.

Sincerely,
The St. Joseph Parent Support Group

Name: _____ Phone: _____

Email: _____

I wish to be involved in the following areas:

- PSG Executive (automatically credits you 15 volunteer hours)
- any special event that happens throughout the year
- Cards 4 Kids (selling gift cards at Mass or after school)
- Colt's Café hot lunch (Monday – Thursday 11:20-11:50)
- Dad's Group
- at home hours volunteer list (tasks that can be completed at home)
- laundry (wash kitchen cloths and bedding from the sick room)
- library book fairs
- grounds keeping/yard maintenance
- First Communion Celebration Lunch (parents of Gr. 1 students)
- Grade 7 Legacy Gift (parents of Gr. 7 students)
- Grade 7 Gardom Lake fundraising (parents of Gr. 7 students)
- Grade 7 Farewell (parents of Gr. 6 students)
- other, please specify: _____



St. Joseph School Directory

Each year the **St. Joseph Parent Support Group** compiles an online school family directory to help our community keep in touch. The app is very secure and only parents and staff of St. Joseph are granted access. You can choose what information you share by filling out the form below.

Family Surname: _____

We Do / Do Not wish to be in the Family Directory

Our information is the same as last year (if so, you do not need to fill out the form, we will simply update the grades)

Home Phone: () _____

Address: _____

_____ Postal code: _____

Students: (Please complete all information based on the UPCOMING school year)

Child's Last Name: _____ First Name: _____ Gr. ____

Child's Last Name: _____ First Name: _____ Gr. ____

Child's Last Name: _____ First Name: _____ Gr. ____

Child's Last Name: _____ First Name: _____ Gr. ____

Guardians:

Last Name: _____ First Name: _____

Phone: _____ Email: _____

Last Name: _____ First Name: _____

Phone: _____ Email: _____

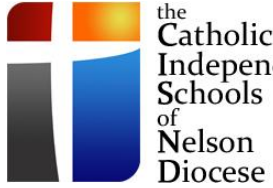
SPONSOR US! If you wish to advertise your business in the directory, please complete the form below and **submit a cheque in the amount of \$25 made payable to St. Joseph PSG.** Thank you for your support!

Business name: _____ Owner: _____

Brief description: _____

Website: _____ Email: _____

Address: _____ Phone number: _____



Family Statement of Commitment

1. Parents and guardians agree that they and their families will demonstrate a respectful and sympathetic sensitivity to the aims and nature of the school and to the Roman Catholic beliefs and practices of the school.
2. All students are required to attend and participate in our religious education curricular and co-curricular programs including liturgical celebrations, retreats, prayers, etc.
3. Parents and Guardians are expected to support the teaching on faith and morals in the religious education program.
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 potential.
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 and Guardians are expected to know and support school policies and procedures.
<https://www.cisnd.ca/policy-manual.php>
8. Parents and Guardians agree to accept the responsibility for the cost of tuition, supplies, and other school activities unless alternate arrangements have been made through the school Principal.

If any of these conditions are not met, the Principal reserves the right to refuse admission, or remove the student from the school.

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

Family Name (Please Print)

Parent/Guardian Signature

Date