



Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Date: \_\_\_\_\_

# Application Form

## Veritas Catholic School

*"A Tradition of Academic Excellence"*

4836 Straume Avenue  
Terrace, B.C. V8G 4G3  
Phone: 250 635-3035 Fax: 250 635-7588  
Email: veritas@cispg.ca

### **Student Information**

Student's Name \_\_\_\_\_ Male  Female   
In September of \_\_\_\_\_ (year) my child will be in grade K 1 2 3 4 5 6 7 8 9  
Date of Birth \_\_\_\_\_ Birthplace \_\_\_\_\_  
Address \_\_\_\_\_ Postal Code \_\_\_\_\_  
Name of school/preschool presently enrolled \_\_\_\_\_

### **Parent/Guardian**

Present Marital Status \_\_\_\_\_

**IF LEGAL DECISIONS HAVE BEEN MADE REGARDING YOUR CHILD/CHILDREN OR OTHER GUARDIANSHIP, PLEASE ENSURE THE OFFICE HAS A NOTARIZED COPY.**

Father's Legal Name \_\_\_\_\_  
Address (if different from above) \_\_\_\_\_  
Postal Code \_\_\_\_\_ Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_  
Occupation \_\_\_\_\_ Work # \_\_\_\_\_  
Employer's Name \_\_\_\_\_  
Email \_\_\_\_\_

Mother's Legal Name \_\_\_\_\_  
Address (if different from above) \_\_\_\_\_  
Postal Code \_\_\_\_\_ Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_  
Occupation \_\_\_\_\_ Work # \_\_\_\_\_  
Employer's Name \_\_\_\_\_  
Email \_\_\_\_\_

Sibling's name(s) and birthdate(s) \_\_\_\_\_

Aboriginal Yes  No  Nation \_\_\_\_\_ Metis Yes  No  Inuit Yes  No

**RELIGION:** Child's \_\_\_\_\_ Mother's \_\_\_\_\_ Father's \_\_\_\_\_  
Sacraments child has received: Baptism \_\_\_\_\_ Communion \_\_\_\_\_ Confirmation \_\_\_\_\_

**OFFICE USE ONLY (check if following information is attached)**

Birth Certificate  Baptismal Certificate  Proof of Citizenship  Proof of Residency

**Emergency Information**

Child's Care Card # \_\_\_\_\_  
 Name of Emergency Contact \_\_\_\_\_  
 Relationship to child \_\_\_\_\_  
 Telephone-Home# \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_  
 Name of Emergency Contact \_\_\_\_\_  
 Relationship to child \_\_\_\_\_  
 Telephone # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_  
 Name of Family Physician \_\_\_\_\_ Telephone # \_\_\_\_\_  
 Name of Family Dentist \_\_\_\_\_ Telephone # \_\_\_\_\_  
 Name of Pediatrician \_\_\_\_\_ Telephone # \_\_\_\_\_

Please indicate if your child has any of the following concerns:

Vision \_\_\_\_\_ Wears glasses \_\_\_\_\_ Contact Lenses \_\_\_\_\_ Other \_\_\_\_\_  
 Hearing \_\_\_\_\_ Wears Hearing Aids \_\_\_\_\_ Other \_\_\_\_\_  
 Allergies \_\_\_\_\_ Type \_\_\_\_\_ Emergency treatment \_\_\_\_\_  
 Asthma \_\_\_\_\_ Type \_\_\_\_\_ Emergency treatment \_\_\_\_\_  
 Diabetes \_\_\_\_\_ Requires Insulin \_\_\_\_\_ Other \_\_\_\_\_  
 Epilepsy \_\_\_\_\_ Type \_\_\_\_\_ Medication \_\_\_\_\_  
 Heart Condition \_\_\_\_\_ Explain \_\_\_\_\_  
 Other \_\_\_\_\_

Is your child currently on an Individual Education Program? Yes  No   
*(if yes, please provide a most recent copy of the IEP with the application package)*

Is your child able to participate in a full P.E. Program? Yes  No

**A COPY OF YOUR CHILD'S BIRTH CERTIFICATE AND BAPTISMAL CERTIFICATE MUST ACCOMPANY THIS APPLICATION. A MEETING WITH THE PASTOR AND PRINCIPAL WILL BE ARRANGED BEFORE ACCEPTANCE IS GRANTED. THE FILING OF THIS APPLICATION DOES NOT MEAN AUTOMATIC ACCEPTANCE.**

**THERE IS A \$25.00 NON-REFUNDABLE APPLICATION FEE TO BE MADE PAYABLE TO VERITAS SCHOOL.**

**ONE MONTH'S NOTICE IS REQUIRED IF YOU WITHDRAW YOUR CHILD FROM SCHOOL. IF THIS NOTICE IS NOT RECEIVED YOU WILL BE CHARGED FOR AN ADDITIONAL MONTH'S TUITION. THANK YOU.**

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

\_\_\_\_\_  
**Date**

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**Non-Catholic Involvement in the Religious Program:**

All non-Catholics will be expected to participate in the entire educational program of the school, including the religious program and celebrations.

**Family Life Program:**

The intent of the program is to assist parents in promoting the integration of Catholic Christian principles into the whole pattern of human life. The program aims at helping the child to develop his/her moral, social, emotional, physical and intellectual capacities in a manner that promotes a positive self-image and respect for the dignity of others.

I/We acknowledge and recognize that the school, when accepting a student for enrollment, has set aside a place for that student for the full academic year, to the exclusion of other prospective students. All tuition and other fees are to be paid promptly. Not paying fees may result in cancellation of registration. I/We will ensure that our son/daughter will abide by the school's requirements.

I/We agree to supply all educational, psychological, legal and other relevant information. I/We do hereby give Veritas School permission to transport our son/daughter on any scheduled field trips during the school year.

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

I hereby certify that I am the Parent  Legal Guardian   
of the above student and that I am a Canadian Citizen or Landed Immigrant.

I hereby certify that the above information is accurate and complete.

**Father/Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mother/Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## STATUS OF PARENT / GUARDIAN--ADMISSION TO CANADA AND RESIDENCY

Form A -Policy 324

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

### (Lawfully Admitted into Canada)

1. I am (*please ✓ one*):

- A Canadian citizen (please attach a copy of parent's birth certificate or citizenship paper/card).
- A Permanent Resident (please attach a copy of parent's landed immigrant status paper or Permanent Resident card).
- Lawfully admitted to Canada under the Immigration and Refugee Protection Act (Canada) with one of the following documents (please mark the appropriate box below and attach a copy of document):
  - Admission as a refugee or refugee claimant.
  - Valid student permit for two or more years (or issued for one year but anticipated to be renewed for one or more additional years).
  - Valid employment authorization (work 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 under the authority of the Visiting Forces Act or as an accredited diplomatic agent, pre-clearance officer, consular officer or official representative in Canada of a foreign government with a consular post in British Columbia.
  - Other - document description: (must be cleared with Citizenship and Immigration Canada):  
\_\_\_\_\_

### (Residency in British Columbia)

2. I am a resident of British Columbia (*please ✓ one*):

- Yes      Residency address: \_\_\_\_\_

\_\_\_\_\_  
(Attach a recent copy of a utility bill, mortgage document, rental agreement or tax assessment, etc.)

- No      I am not a resident of British Columbia.

### Confirming signatures:

3. **Parent/Legal Guardian's name:** \_\_\_\_\_

**Parent/Legal Guardian's signature:** \_\_\_\_\_

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

**Consent Form for the  
Personal Information Protection Act  
as per the**

**Personal Information Privacy Policy for Parents and Students of Veritas School**

**Please note that Veritas School's Personal Information Privacy Policy is available upon request at the school office.**

1. I consent to having Veritas School collect personal information that may include student identification information, birth certificate, legal guardianship, court orders if applicable, parents' work numbers and email address, behavioural, academic and health information, report cards, emergency contact name and number, doctor's name and number, health insurance number and any similar information needed for registration.

I further consent to the use and disclosure of information contained in this form and otherwise collected by or on behalf of Veritas School (1) for the purpose of establishing, maintaining, and terminating the student's or parent's relationship with Veritas School, (2) for additional purposes identified when or before personal information is collected, and (3) as otherwise provided in Veritas 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 Veritas 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 Veritas School is Mrs. Tamara Berg (250-635-3035).**

**Student Name:** \_\_\_\_\_ **Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

2. I consent to having photographs and work samples of my child used by Veritas School in the yearbook, newsletters, school website and other promotional material (not including social media).

**Student Name:** \_\_\_\_\_ **Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

3. 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.

**Student Name:** \_\_\_\_\_ **Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Veritas 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.**

## **INTERNET USE AGREEMENT**

Internet access is available to Grade K – 9 students at Veritas 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.

### **Conditions of Internet Use**

1. Students are responsible for their own behavior on school computers. General rules for behavior in keeping with the Veritas School Behavior Code of Conduct apply.
2. The Internet is provided for students for educational purposes. Access to the Internet is a privilege and is granted to students who agree to conduct themselves in a responsible manner. Inappropriate use or behavior will result in cancellation of Internet privileges for the remainder of the year or as determined by the Principal.

### **Inappropriate Use or Behavior Consists of (and is not limited to):**

- Attempting to download information without teacher permission
- Printing from the Internet without teacher permission
- Consistently not following teacher instructions
- Attempting to access inappropriate sites, chat rooms and social media platforms
- Intentionally damaging computers

***As the parent or legal guardian, I have read the Internet Use Agreement and grant permission for my son or daughter to access the Internet. I understand that Internet access is designed for educational purposes only. I understand that Veritas School has taken every precaution within their power to provide online safety. I also understand that my son or daughter will be held responsible for any violations.***

**Parent's Signature:** \_\_\_\_\_

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

## **PHOTO AND MEDIA CONSENT**

During the school year, your child may be photographed or videoed at various school events (school learning, Sports Day, field trips, etc.). With your consent, Veritas School may use these images in print publications, online publications presentations, diocese, or school websites and social media. Please be advised that no royalty, fee, or other compensation shall become payable to you by reason of such use.

Please indicate your preference below.

- Yes, my child's image may be reproduced and released for school use for all uses listed above.
- Yes, my child's image may be reproduced and released for school use for all the uses listed above, with exception of \_\_\_\_\_.
- No, my child's image may not be reproduced and released for school use.

**Parent/Guardian's Name:** \_\_\_\_\_

**Parent/Guardian's Signature:** \_\_\_\_\_

**Date of Signature:** \_\_\_\_\_

## **LOCAL FIELD TRIP AGREEMENT**

I hereby give my consent for my child to participate in all school-organized local field trips throughout their attendance at Veritas School. Such field trips can include, but are not limited to, swimming, skating, curling, short walks, and visits to the airport, city hall, fire hall, library, and other local facilities. If I do not wish for my child to participate in a specific field trip, I will provide written notice. This consent does not include travel outside of Terrace / Thornhill or overnight trips. Please note that booster seats will be used in accordance with regulations.

My child can participate in all school-organized local field trips.

**Parent's Signature:** \_\_\_\_\_

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



**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.”

***Philosophy of Education For Catholic Schools In The Province of BC***  
Catholic Bishops of British Columbia.

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 enrol 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 as presented in the Catechism of the Catholic Church. 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, meet the teacher events, student-led conferences, and portfolio reviews, etc.
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.

**I have read and accept the Family Statement of Commitment.**

\_\_\_\_\_  
**Family Name (Please print clearly)**

**Parent/Guardian Signature(s)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**



**VOLUNTEER APPLICATION FORM**

**STUDENTS NAME(S):** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**VOLUNTEER**

**NAME:** \_\_\_\_\_  
*Surname* *Given Names*

**ADDRESS:** \_\_\_\_\_  
*Street* *City* *Postal Code*

**TELEPHONE NUMBERS:** \_\_\_\_\_  
*Home* *Work*

**EMERGENCY CONTACT:** \_\_\_\_\_  
*Name* *Phone*

**MEDICAL NUMBER:** \_\_\_\_\_

**AREAS OF INTEREST:** \_\_\_\_\_

**TIME(S) AVAILABLE:** \_\_\_\_\_

**VOLUNTEER SITUATIONS PREFERRED (PLEASE CHECK):**

\_\_\_ **Classroom Volunteer, Grades** \_\_\_\_\_

\_\_\_ **Fundraising**

\_\_\_ **Class Rep**

\_\_\_ **Lunch Program**

\_\_\_ **Social Event**

\_\_\_ **Other**

**REFERENCES**

1. \_\_\_\_\_  
*Name* *Phone number* *Relationship*

2. \_\_\_\_\_  
*Name* *Phone number* *Relationship*

**CRIMINAL RECORD CHECK**

- I am willing to submit to a criminal record check at no financial cost to myself.

**SIGNATURE:** \_\_\_\_\_  
*Signature of Volunteer*

**DATE:** \_\_\_\_\_

**APPROVAL:** \_\_\_\_\_  
*Signature of Principal*

**DATE:** \_\_\_\_\_



**VOLUNTEER CODE OF CONDUCT**

**As a volunteer of Veritas School (CISPG), I understand that:**

- I will be supervised by a school employee and must follow that person's directions.
- I must adhere to the policies of the school and CISPG and the rules of the school in which I am volunteering.
- I must treat staff, parents and students with politeness and respect.
- I must deal judiciously with students and defer to the teacher's authority in all matters relating to the classroom.
- If I am uncertain about my role or any other matter, I will seek advice from the teacher with whom I am working or the principal, as appropriate.

**VOLUNTEER CONFIDENTIALITY AGREEMENT**

**Students, staff and others working in the school have a right to expect that information about them will be kept strictly confidential by volunteers.**

**Therefore:**

- I will not communicate anything I learn about any student or anything that I observe in the course of my volunteering to anyone other than appropriate school employees.
- I will not share information about students, even with others who may be genuinely interested in a student's welfare, such as social workers, recreational leaders, family friends, physicians, etc. except when legally required to do so.
- I will keep anything I learn about school employees or other volunteers strictly confidential.
- If I am asked for information concerning a student or staff members, I will refer the request to the teacher or principal.
- If I am in doubt about whether I may divulge information concerning a student or staff member, I will consult with the school principal.

**DECLARATION**

- I have read and agree to comply with the Volunteer Code of Conduct and the Volunteer Confidentiality Agreement.

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

## **APPLICATION FORM APPENDIX – INCLUSIVE EDUCATION**

*This form is to gather relevant information so the school can plan support if the application is accepted.*

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Applying to Grade: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_

Special Needs Diagnosis: \_\_\_\_\_ Date of Diagnosis: \_\_\_\_\_

Diagnosed By: \_\_\_\_\_ Report Available: \_\_\_\_\_

ESL (English as a Second Language): \_\_\_\_\_ Language at Home: \_\_\_\_\_

<b><u>Screens Completed</u></b>	<b>Date of Assessment</b>	<b>Results</b>
Hearing Screener	_____	_____
Vision Screener	_____	_____

<b><u>Existing Supports</u></b>	<b>Name of Practitioner</b>	<b>Report Available</b>	<b>Date of Report</b>
Speech/Language	_____	_____	_____
Occupational Therapist	_____	_____	_____
Physiotherapist	_____	_____	_____
Psychiatrist	_____	_____	_____
Behaviour Therapist	_____	_____	_____
Other	_____	_____	_____

Parent description of existing supports / programs (where child attends, how often, medications, etc.).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please attach a separate page should more space be required.*

Parent description of condition and anticipated challenges in the school environment.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please attach a separate page should more space be required.*

**Parent/Guardian Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_