



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

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 a 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 \$15.00 NON REFUNDABLE APPLICATION FEE TO BE MADE PAYABLE TO VERITAS SCHOOL.

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

(Signature of parent)

(Date)

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 _____

LEGAL RESIDENCY OF PARENT –FORM A

(If Parents are deceased, use Form B)

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

(Lawfully Admitted into Canada)

1. I am (please check one)

- A Canadian Citizen (if not born in Canada, please attach a photocopy of citizenship paper/card)
- A Landed Immigrant (attach photocopy of landed immigrant status paper)
- Lawfully admitted into Canada under one of the following documents (please circle the appropriate number below and attach photocopy of document):
 - a) Admission as a refugee claimant
 - b) A person claiming refugee status who has a letter of no objection
 - c) Student authorization(student visa) for two or more years (or issued for one year but anticipated to be renewed for one of more additional years)
 - d) 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)
 - e) A person carrying out official duties as a diplomatic or consular official (with a foreign representative acceptance counterfoil in his/her passport.
 - f) Other -documents description: (must be cleared with Immigration Canada)

Residency of British Columbia

2. I am a resident of British Columbia (please mark one)

YES Residency address _____

NO I am not a resident of British Columbia

3. Confirming Signature:

Parent/Legal Guardian's name: _____

Parent/Legal Guardian's name: _____

**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 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 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 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 and 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 the Internet access is designed for educational purposes only. I understand that Veritas School has taken every precaution within their power to provide for online safety. I also understand that my son or daughter will be held responsible for any violations.

Parent's Signature: _____ **Date:** _____

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 to regulations.

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

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 Name: _____

Parent/Guardian Signature: _____

Date of Signature: _____

Catholic Independent Schools Diocese of Prince George

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.” From the PHILOSOPHY OF EDUCATION FOR CATHOLIC SCHOOLS IN THE PROVINCE OF BC by Catholic Bishops of BC. 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. 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 and meet the teacher events.
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.

Every child's needs are complex. As, such, we reserve the right to re-evaluate your child's enrollment if their learning needs are not being met despite our best efforts.

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

Family Name (Please Print)

Parent/Guardian 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):

- | | |
|--|--|
| <input type="checkbox"/> Classroom Volunteer, Grades _____ | <input type="checkbox"/> Lunch Program |
| <input type="checkbox"/> Library Volunteer | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Technology Volunteer | <input type="checkbox"/> Social Events |
| <input type="checkbox"/> Recycling Program Volunteer | <input type="checkbox"/> Phone Parent |
| <input type="checkbox"/> Office Volunteer | <input type="checkbox"/> 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: _____