

Immaculata Regional High School

1493 K.L.O. Road, Kelowna, B.C. V1W 3N8

Immaculata Regional High School is an independent Catholic school. Please forward this application and all required materials. All new applicants must have an interview with the Principal and final acceptance is determined at the School Council level (Students from St. Joseph Elementary and OLOL exempt).

Student's Name _____ Boy _____ Girl _____ Surname First Middle		
Grade going into _____		
Address _____		Postal Code _____
Age _____	Date of Birth _____ Day Month Year	
Birthplace _____	Language spoken at home _____	
Year of Baptism _____	Year of 1 st Communion _____	Year of Confirmation _____
Father's Name _____ Surname First Middle	Mother's Name _____ Surname First Middle	
Address _____	Address _____	
Postal Code _____	Postal Code _____	
Religion _____ Parish _____	Religion _____ Parish _____	
Occupation _____	Occupation _____	
Home Phone _____	Home Phone _____	
Business Phone _____	Business Phone _____	
E-mail Address _____	E-mail Address _____	
ALTERNATE Person to contact in emergency _____ Phone _____		
FAMILY PHYSICIAN _____ Phone _____		
Medical Number _____		
School last attended _____		
Address _____		
School Phone _____		Principal _____

I hereby certify that the above information is correct. I, _____ hereby agree to support the school rules and regulations laid down by the Kelowna Catholic Public School Council, the Principal and Staff of Immaculata Regional High School, as long as my child remains a pupil there.

Parent Signature

Student Signature

Legal Residency of Parent - FORM A

(If parents are deceased, use FORM B on the back of this sheet)

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.)

1. I am (please check appropriate box):

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

2. I am a resident of British Columbia (please check appropriate box):

- Yes
Residency Address : _____

No, I am not a resident of British Columbia.

3. Parent's/Legal Guardian's Name: _____

Parent's/Legal Guardian's Signature: _____

Date: _____

Legal Residency of Parents (Deceased)- FORM B

To be completed and signed by the student or a 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.

1. The student's deceased parent was at time of death:

A Canadian citizen

A landed immigrant

2. The student's deceased parent was at the time of death a resident of British Columbia

Yes

Residency Address : _____

No, I am not a resident of British Columbia.

Signed by:

Knowledgeable Adult's Name: _____

Knowledgeable Adult's Signature: _____

(Knowledgeable adult is 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.)

Date: _____

2010-2011 School Year

ST. JOSEPH ELEMENTARY AND IMMACULATA HIGH SCHOOL

CATEGORY I – STANDARD TUITION FOR BRITISH COLUMBIA RESIDENTS

	ST. JOSEPH ELEMENTARY	IMMACULATA HIGH
1 st student(oldest)	\$430/mo for 10 months	\$470/mo for 10 months
2 nd student	\$285/mo for 10 months	\$305/mo for 10 months
3 rd student	\$175/mo for 10 months	\$200/mo for 10 months
Kindergarten	\$400/mo for 10 months	
Maximum	\$890/mo for 10 months	\$975/mo for 10 months

CATEGORY II - CONTRIBUTING MEMBER OF A CATHOLIC PARISH

	ST. JOSEPH ELEMENTARY	IMMACULATA HIGH
1 st student (oldest)	\$245/mo for 10 months	\$260/mo for 10 months
2 nd student	\$155/mo for 10 months	\$165/mo for 10 months
3 rd student	\$ 95/mo for 10 months	\$105/mo for 10 months
Kindergarten	\$200/mo for 10 months	
Maximum	\$495/mo for 10 months	\$530/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.

**CATEGORY III – INTERNATIONAL AND OUT OF PROVINCE STUDENTS
PREPAID UPON REGISTRATION**

ST. JOSEPH AND IMMACULATA: \$13,200.00 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 parent or legal guardians are residents of British Columbia.

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.

TUITION FEES ARE PAYABLE BY ONE OF TWO OPTIONS:

1. Pre-authorized payment established for monthly withdrawals for 10 months.
2. Prepayment in full prior to September 14th

The first month's tuition for **all** families is payable by automatic debit, cash or cheque on July 6th. Automatic debit or total prepayment applies for remaining months (October – June).

One of the above methods of payment must be submitted with the registration forms.

CHEQUES ARE PAYABLE TO KELOWNA CATHOLIC INDEPENDENT SCHOOL COUNCIL. New families to our schools are required to pay the first month's tuition fee and the \$125 participation fee upon registration. The first month's tuition is non-refundable should the student not attend.

Any family who has prepaid tuitions and received a Charitable Donation Receipt, and subsequently withdraws, is not eligible for any tuition refund.

**KELOWNA CATHOLIC SCHOOLS
Tuition Information**

Reason for Tuition Fees

Kelowna Catholic Schools are recognized by the Ministry of Education as Group 1 Independent Schools. This means that we are able to have 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 revenues: tuition fees, parish subsidies and donations.

Reason for a “Practicing Catholic” Tuition Rate

Kelowna Catholic Schools accept practicing Catholic, non-practicing Catholic and non-Catholic students. Catholic and non-Catholic families pay tuition and indirectly support the school through government grants (we all pay taxes!). It is the third source of revenue, parish subsidies, 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

Therefore, there is a reason for having a Catholic family’s pastor indicate that the family is an active parish family. This attempts to uphold an integrity to the policy of a two-tiered tuition rate. Why a family requesting a Catholic rate must actually qualify for the lower rate, is to be fair to the 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 raised simply on the basis of religious denomination.
- 2) Parishioners of the Catholic parishes in Kelowna and area financially subsidize Catholic schools to a total annual amount of \$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 schools accept 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 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 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 the 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, ie., 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.

In order to verify your practicing Catholicity, and thus your qualification for the Category II tuition rate, we ask that you provide your collection envelope number each year.

PRACTISING CATHOLIC TUITION RATE REQUEST

Please read the tuition information on the other side of this sheet. If you meet the requirements as outlined in the practising Catholic rate criteria, complete this form and return it to the school. In doing so, you are affirming that you are a practising 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. **NOTE** – forms must be returned with the (re)registration forms for consideration for the practising Catholic tuition rate.

Catholic Tuition Rate Request form. No places will be held for students whose forms and fees are not received by the deadline of **March 31st, 2010.**

PAYMENT OF FEES

Tuition is due monthly, with payment by direct withdrawal from your bank account on the 6th of each month, July and October - June. The first month of tuition is non-refundable for all families. **All parents or guardians of families must prepay the first month's tuition fees at the time reservation forms are signed. If the student withdraws before commencement of school, the tuition prepayment will be forfeited. Any family prepaying tuitions and receiving a Charitable Donation Receipt is not eligible for any tuition refund if they withdraw after the Charitable Donation Receipt has been issued. (Tax time)**

PARENT PARTICIPATION

All parents or guardians are required to contribute at least fifteen (15) hours per year per family of service time in school activities and/or projects. The parent participation fee of \$125.00 is refundable after participation hours have been met; alternatively, an income tax receipt will be given for those donating the fee to the school and for fees unclaimed by December 31st of the year following payment.

I/We agree to pay the tuition fees: (please check one)

_____ Annually in advance by September 14th (postdated cheque and 1st month's tuition payable by July 6th, 2010 is attached)

_____ Monthly by direct withdrawal on the 6th of each month (voided cheque is attached)
(JULY, OCTOBER - JUNE)

Student Name School Grade (2010/11)

Student Name School Grade (2010/11)

Student Name School Grade (2010/11)

Date Signature of Parent/Guardian

Date Signature of Parent/Guardian

Parish _____ Envelope # _____

If you will be paying by automatic withdrawal, please see the other side of this page for the automatic withdrawal form. This must be filled out whether you have done this in previous years or not.

TUITION PRE-AUTHORIZED DEBIT PLAN

Payee: Kelowna Catholic Independent School Council (KCISC)
839 Sutherland Avenue, Kelowna, B.C., V1Y 5X4
Tel: (250) 763-1501 Fax: (250) 763-7018

Authorization of the account holder(s) to Kelowna Catholic Independent School Council (KCISC) to Direct Debit an account.

Payor(s)

Name of Financial Institution	Mr. Mrs. Ms. Miss	Surname	First Name
Street: City/Prov.: Postal Code:	Street: City/Prov.: Postal Code:		
Account Number :	Branch Institution Number		
	/ / / / / - / / / / /		

I (we), as the account holder(s), authorize Kelowna Catholic Independent School Council and the above-indicated financial institution, under the terms and conditions agreed to me (us) with KCISC until such time as written notice in the contrary is given by me/us.

A debit, paper, electronic or other form in payment of school tuitions may be drawn on my (our) account monthly on July, 2010 and October, 2010 through June, 2011. **I (we) will notify KCISC of any changes in the account information or termination of this authorization prior to the next due date of the pre-authorized debit.**

I (we) acknowledge that delivery of this authorization to KCISC constitutes delivery by me (us) to the above-noted financial institution.

Signature of account holder(s)

Date

Signature of account holder(s)

Please attach a “voided” blank cheque to this form.

Parent Participation Commitment

At Immaculata Regional High School we pride ourselves on our Parent Participation involvement. As an Independent school, we as parents have the privilege to be involved in our school in ways that encourage a higher quality of education and a greater community atmosphere. We also feel that being involved as parents shows a sensitivity and commitment to our childrens’ education. As well as helping our students academically, our involvement is a great help financially, aiding in keeping our tuition fees down by providing teaching resources, classroom furniture and many other educational aids.

We ask you to look over the following list and select the area you wish to be involved in and return it with your child's registration package. Only one form per family needs to be completed. As you complete your volunteer hours, they should be recorded on the service sheet provided by the school in August and then submitted for reimbursement.

Thank you for your commitment to our school and our childrens' education.

Sincerely,

The Immaculata PSG (Parent Support Group)

Name _____

Phone # _____

Parent's E-mail Address _____

Children attending Immaculata

Grade

Name

I wish to be involved in the following area (s):

PSG Executive (automatically provides 15 parent participation hours)

_____ President

_____ Vice President

_____ Secretary

_____ Treasurer

_____ Social

_____ Fundraising

_____ School Council Rep.

Events throughout the year:

_____ Entertainment Book Fundraiser (September)

_____ Spring cleanup (April 2011)

_____ Bottle Drive (September and April)

_____ Phoning Tree

_____ Other (suggestions?) _____

Immaculata Regional High School
1493 KLO Road, Kelowna, B.C. V1W 3N8

**Used by Independent Schools for parents and students as they pertain to the
PIPA legislation. (January 2004)**

Name _____

I consent to having **Immaculata Regional High School** 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.

I further consent to the use and disclosure of information contained in this form and otherwise collected by or on behalf of **Immaculata Regional High School** (1) for the purpose of establishing, maintaining, and terminating the student's or parent's relationship with **Immaculata Regional High School**, (2) for additional purposes identified when or before personal information is collected, and (3) as otherwise provided in **Immaculata Regional High 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 **Immaculata Regional High 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 **Immaculata Regional High School** is the **school principal** and may be reached at 762-2730.*

Signature: _____ Date: _____

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 or in the news media. I permit the publication of my child's name, photograph and comments for the purposes consistent with the above.

Signature: _____ Date: _____

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. I consent to our address and phone number being on the school phone lists.

Signature: _____ Date: _____

Parent Personal Information

private by the public health nurse for specific information.

Indicate with a check mark (T):

Emergency Conditions

- 1) Diabetes
- 2) Epilepsy
- 3) Heart Disease
- 4) Haemophilia
- 5) Seizure
- 6) Severe Allergies to _____
Causing symptoms such as:
 - Hives
 - Difficulty breathing
 - Swelling
 - Throat tightness/closing
 - Fainting/loss of consciousnessSpecify others _____

Have you ever required emergency care in a hospital for a severe allergic reaction?
___ yes ___ no

Severe Asthma causing:

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

Non-Emergency Conditions

- Mild Allergies (controlled with medication)
- Anorexia
- Mild Asthma (controlled with medication)
- Cancer
- Depression (treated with medication)
- Dyslexia
- Migraine Headache
- Narcolepsy
- Medication allergy eg. Antibiotics
- Schizophrenia
- Lupus
- Hyperactive condition (treated with Ritalin)
- Aggressive condition
- Hearing impaired
- Visually impaired
- Physical disability
- Physical disability
- Specify others _____

____ Your public health nurse may be contacted at: Kelowna (250)868-7700
Rutland (250)861-7388
Westbank (250)768-7646