



# ST. JOSEPH SCHOOL

250-352-3041  
[www.stjosephnelson.ca](http://www.stjosephnelson.ca)

**Educating through Faith....Excelling in Academic Achievement**

St. Joseph school provides a very unique opportunity for children to learn in a warm and supportive faith based environment. We strive to build connections with our students as we guide them to be the best they can be and grow in God's love. We offer programs that build on social, emotional, academic and spiritual development.

We have a strong emphasis on Academic Learning and Fine Arts. This includes early literacy skills and a vibrant French and Music program beginning in Kindergarten. Our Christmas concert includes drama and music and is performed at the Capitol Theatre every year. We participate in the Kootenay Festival of the Arts and host a Science Fair on alternate years. We have a long standing tradition of academic success. Our students have a high graduation rate, many receive scholarships upon graduation and continue with post-secondary education.

Teachers also provide many extracurricular activities including choir, running club, art club and chess club as well as basketball and volleyball. Our winter activities include snowshoeing, cross country skiing, downhill skiing and snowboarding. Field trips for intermediate students include Victoria, Pines Bible Camp, Fort Steele, Creston Wildlife Centre, and many local experiences for the primary students.

We are pleased that you are considering enrolling your child at St. Joseph School for an opportunity to receive an excellent foundation for their future from Kindergarten to Grade Eight. We welcome all families. Our tuition is tax deductible and there are opportunities for tuition assistance for those who need it. We believe that all students that wish to attend our school should be given the opportunity to attend.

Joey's Out of School Care is available from 3:00 to 5:30 daily and on Pro-D days.

Feel free to contact me if you would like more information or a school tour.

Sincerely,

Marlene Suter  
Principal



**St. Joseph School**  
**523 Mill Street**  
**Nelson, B.C. V1L 4S2**  
**Phone: (250) 352-3041**  
**Fax: (250) 352-9188**

**email: stjosephnelson@cisnd.ca**

## New Student Application/Registration

Date Received by SJS: \_\_\_\_\_

Entering Date: \_\_\_\_\_

PEN#: \_\_\_\_\_

### STUDENT INFORMATION

Child's Name (surname, first, middle): \_\_\_\_\_

Name child goes by: \_\_\_\_\_ Entering Grade: \_\_\_\_\_

Sex: M \_\_\_ F \_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Address \_\_\_\_\_ Postal Code: \_\_\_\_\_

Daycare/Preschool/School Last Attended: \_\_\_\_\_

Religion: \_\_\_\_\_ Parish: \_\_\_\_\_

*If Catholic:* Baptism Date: \_\_\_\_\_ Baptism Church: \_\_\_\_\_

First Communion Date: \_\_\_\_\_ First Communion Church: \_\_\_\_\_

Aboriginal Ancestry:  Yes  No *If so, please attach paperwork.*

Primary language spoken at home? \_\_\_\_\_

Does the student have siblings? If so, what ages, grades and attendance at what schools?

\_\_\_\_\_  
 \_\_\_\_\_

Was another family instrumental in your child registering at St. Joseph School? If so, which one?

\_\_\_\_\_

### PARENT INFORMATION

Father's Name: \_\_\_\_\_

Father's Address: \_\_\_\_\_

Father's Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Father's Email address: \_\_\_\_\_

Religion of Father: \_\_\_\_\_ Citizenship of Father: \_\_\_\_\_

Father's Place of Birth: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Mother's Address: \_\_\_\_\_

Mother's Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Mother's Email address: \_\_\_\_\_

Religion of Mother: \_\_\_\_\_ Citizenship of Mother: \_\_\_\_\_

Mother's Place of Birth: \_\_\_\_\_

Marital Status of Mother and Father: \_\_\_\_\_

If separated or divorced, with which parent is the student's primary residence? \_\_\_\_\_

Is there any legal restriction to access? \_\_\_\_\_ If so, please attach a copy of the court document.

Is either parent of the student deceased? \_\_\_\_\_ If so, please attach a copy of the death certificate.

**If a parent is NOT a Canadian Citizen, please include Citizenship documentation as it is required for the Legal Residency of Parent.**

Please complete section on back of form.

## EMERGENCY INFORMATION

Does the student have any medical problems? \_\_\_\_\_

Care Card # \_\_\_\_\_

Family Dr. \_\_\_\_\_ Phone # \_\_\_\_\_

In the case of an illness/emergency and the school is unable to contact the parents, please list a local emergency contact: \_\_\_\_\_

Phone # : \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

## LEARNING NEEDS

St. Joseph School is dedicated to meeting the learning needs of all students. Information is key to the effectiveness of programming planning. Please state any information/diagnosis that would be helpful for the school to know regarding meeting their learning needs. (ex. ADHD, visual/hearing problems, dyslexia, autism, behaviour disorders, etc.) *Please add documentation.*

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St. Joseph 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(ren) at our school, unless written authorization from a parent or legal guardian is provided to the school.

The school will store all digital and hard copy parent and student personal information securely.

I/We hereby certify that the information above and attached is complete and correct.

I/We wish to have my/our child/ren attend St. Joseph School, and hereby agree to meet the enrolment requirements, including participation in all religious instructions and liturgical celebrations, excluding (if non catholic) reception of the sacraments. **(Declaration of Status)**

I consent to having St. Joseph School collect personal information that may include student and family information (such as birth certificates, legal guardianship, court orders, most recent report cards etc.) 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 St. Joseph School

- (1) for the purpose of establishing, maintaining, and terminating the student's or parent's relationship with St. Joseph School,
- (2) For additional purposes identified when or before personal information is collected, and
- (3) As otherwise provided in St. Joseph School's Personal Information Privacy Policy, a copy of which is available upon 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 School and the Catholic Independent Schools of Nelson Diocese (CISND).

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

Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_



# Pre-Authorized Debit Agreement for 2017/2018

## ST. JOSEPH SCHOOL

523 Mill Street Nelson, BC V1L 4S2  
Phone: 250-352-3041 • Fax: 250-352-9188

Payor (Parent) Name: \_\_\_\_\_

### Account Information

- My account information is the same as the previous school year. (Void cheque not necessary.)
- My account information has changed from last year.
- New authorization. My account information is not on file.

**Attach void cheque here**

### Pre-Authorized Debit Details

I, the Payor, authorize *<Name exactly as it appears on bank statement>* 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. I understand that the *Roman Catholic Bishop of Nelson* will administer this PAD Agreement. These services are for personal use.

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 first day of the months of July, October - June.

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](http://www.cdnpay.ca).

### Signature

Signature of Account Holder:  
\_\_\_\_\_

Signature of Joint Account Holder (if applicable):  
\_\_\_\_\_

Name (print): \_\_\_\_\_

Name (print): \_\_\_\_\_

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

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](http://www.cdnpay.ca).



## St. Joseph School Tuition 2017 - 2018

As an Independent Group 1 School in British Columbia, St. Joseph School receives only 50% funding of the per student operating costs of the local public school district from the British Columbia Government. St. Joseph School also does not receive any provincial government funding for capital expenses. Tuition along with Parish subsidy, donations, and fundraising, are required to make up the shortfall for the operating and capital costs of the school.

### **St. Joseph School 2017 - 2018 tuition structure is as follows:**

#### **Tuition for families of students attending St. Joseph School:**

- New registrations from families who are not practicing members of the Cathedral Parish will be reviewed by the Admissions Committee.

First Child	\$240.00/ month
Second Child	\$145.00/ month
Third Child	\$100.00/ month
Fourth Child	No charge

#### **Tuition for families who support the Cathedral Parish:**

- The Cathedral Parish subsidizes St. Joseph School \$51,000 per year. The following reduced tuition rate is for families who are practicing members of the Cathedral Parish and are financially contributing to the church.

First Child	\$210.00/ month
Second Child	\$125.00/ month
Third Child	\$90.00/ month
Fourth Child	No charge

#### **Tuition is payable by the following three options:**

1. Prepayment in full with (re-)registration OR
2. Pre-authorized payment established for monthly withdrawals starting July 1, 2017 (for September) and October through June. Void cheque and completion of PAD form required OR
3. One post-dated cheque for July 1, 2017 and nine post-dated cheques from October 1<sup>st</sup> through to June 1<sup>st</sup> of the school year.

#### ***Annual Fees:***

- \$100.00 Includes consumable workbooks, agenda and school supply fee for Kindergarten through Grade 3
- \$125.00 Includes consumable workbooks, agenda, school supply fee and gym T-Shirt for Grades 4 through 8

#### ***Bussing Fee:***

School District #8 bussing fees have been set in accordance with Nelson Public Transit rates. Rates for each family will vary with the number of transit zones the route covers. Families will need to contact the school to determine their rate.



# St. Joseph School

## Legal Residency of Parent

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

### Lawfully Admitted into Canada

1. I am (please x 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 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 foreign representative acceptance counter foil in his/her passport)
  - Other – document description; (must be cleared with Immigration Canada)
- \_\_\_\_\_
- \_\_\_\_\_

### Residency in British Columbia

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

- Yes** Residency address: \_\_\_\_\_
- \_\_\_\_\_
- No** I am not a resident of British Columbia

### Confirming Signature:

3. Parent/legal guardian's name: \_\_\_\_\_  
**PRINT Name**

Parent/legal guardian's signature: \_\_\_\_\_  
**SIGNATURE**

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



My child \_\_\_\_\_ has:

- an emergency medical condition
- a non-emergency medical condition
- a non-health condition that should be brought to the attention of the school

**Emergency Conditions**

- Diabetes
- Epilepsy
- Heart Disease
- Hemophilia
- Seizures
- Severe Allergies to \_\_\_\_\_

Causing symptoms such as: Swelling (esp. eyes, lips, face & tongue)  
Throat tightness/closing  
Fainting/loss of consciousness  
Specify others \_\_\_\_\_

- Severe Asthma

Causing symptoms such as: Extreme difficulty breathing  
Uncontrollable coughing  
Wheezing not relieved with medication

\*\* If an emergency condition exists that may require an individualized emergency plan for the student, an additional form must be completed in the office.

**Non-Emergency Conditions**

- |  |   |
|--|---|
| <input type="checkbox"/> Mild Allergies (controlled with medication)     | <input type="checkbox"/> Schizophrenia        |
| <input type="checkbox"/> Anorexia  | <input type="checkbox"/> Lupus                |
| <input type="checkbox"/> Mild Asthma (controlled with medication)        | <input type="checkbox"/> Cancer               |
| <input type="checkbox"/> Hyperactive condition (treated with medication) | <input type="checkbox"/> Aggressive condition |
| <input type="checkbox"/> Depression (treated with medication)            | <input type="checkbox"/> Hearing impaired     |
| <input type="checkbox"/> Migraine headache                               | <input type="checkbox"/> Visually impaired    |
| <input type="checkbox"/> Narcolepsy                                      | <input type="checkbox"/> Attention condition  |
| <input type="checkbox"/> Specify others: _____                           |   |

Does your child take regular medication? Yes \_\_\_\_\_ No \_\_\_\_\_

All medications must be turned into the school office for secure storage. Staff will not administer any medication nor be responsible for determining proper dosage or time medication is to be taken. All medication must be self administered.

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

**I am aware that it is my responsibility to notify the school ASAP, if there is a change in Medical Status of my child.**

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



2017/2018

**The Freedom of Information and Protection of Privacy** legislation came into effect for schools in the fall of 1994. To ensure that we are complying with the legislation, we ask that you read the following information carefully.

1. There are occasions when our school would like to have contact with parents to consult them directly about school issues or meetings, or to plan school related activities. The school will normally make your name and phone number as well as the child's name and grade available to school personnel, the **Parent Support Group** or others responsible for organizing these types of activities. Your personal information will not be disclosed to anyone for business or commercial purposes.

\_\_\_\_\_ Yes, I permit the release of my personal information for purposes consistent with the above.

\_\_\_\_\_ No, I do NOT permit the release of my personal information for purposes consistent with the above.

2. St. Joseph School publishes a **school directory**. This directory enables parents and students to contact each other regarding school projects and other social activities. You, your child's name, phone number and email address may appear in the directory. Participation is strictly voluntary. Please indicate if you would like your family included in such.

\_\_\_\_\_ Yes, I wish to be included in the St. Joseph School Directory.

Parent Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

\_\_\_\_\_ No, I do NOT wish to be included in the St. Joseph School Directory.

3. It is a tradition in our school to allow staff, parents and the **media** to photograph individual students and groups of students to commemorate events and to promote various educational, sport and cultural events taking place in the school. While photographs add to the community life of our school, they are not required for educational purposes. Students' names, photographs and comments may be published in the school newsletter, and on occasion, in the school annual report, or in the news media.

\_\_\_\_\_ Yes, I permit the publication of my child's name, photograph and comments for purposes consistent with the above.

\_\_\_\_\_ No, I do NOT permit the publication of my child's name, photograph and comments for purposes consistent with the above.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_





## FIELD TRIP CONSENT FORM

2017/2018

### Parent/Guardian Consent for Student Travel

Curricular and extra-curricular field trips are provided by the school as a part of the program to enrich the course of studies through observation of “real world” situations, or as a logical extension of participating in an extra-curricular program provided by the school. Care is taken to assure that a field trip is carried out in a safe manner by requiring the use of duly authorized drivers and means of transportation. Parents will be informed well in advance of any field trips that are planned during the year, so if there are concerns the parents have plenty of time to contact the teacher.

The purpose of this form is to request your parental authorization for your child to participate in the local (not overnight) field trips that are planned for your child while they are a student at St. Joseph School.

No student will be allowed to attend a field trip without the written consent of the parent/guardian. To have your child included in the local field trips that are planned, please complete the form below.

St. Joseph School will make every reasonable effort to ensure or ascertain that:

1. The staff, volunteers and/or service providers involved are suitably trained and qualified.
2. The students are adequately supervised over all aspects of the program/activity.
3. The location(s) used are appropriate and safe for the activity(ies) and group.
4. Equipment used has been inspected and deemed appropriate and safe.
5. A Safety Plan is in place to identify and manage known potential risks.
6. An Emergency Plan is in place to deal with an injury or illness to any of the students.

### PARENT/GUARDIAN CONSENT:

1. I acknowledge my right to obtain as much information as I require about this program or activity and associated risks and hazards, including information beyond that provided to me by the school or board.
2. I freely and voluntarily assume the risks/hazards inherent in the program/activity and understand and acknowledge that my child may suffer personal and potentially serious injury arising from his/her participation.
3. My child has been informed that he/she is to abide by the rules and regulations, including directions and instructions from the school’s and/or service provider’s administrators, instructors, and supervisors over all phases of the program/activity.
4. In the event my child fails to abide by these rules and regulations, disciplinary action may require his/her exclusion from further participation, or that I be contacted to have him/her picked up, unless I have specified other transport arrangements.
5. I acknowledge that it is my responsibility to advise the Lead Teacher of any medical and/or health concerns of my child that may affect his/her participation in the stated program or activity.
6. I acknowledge that the trip supervisors may secure transport to emergency medical services as they deem necessary for my child's immediate health and safety, and that I shall be financially responsible for such services.

Name of Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name of Parent: \_\_\_\_\_

Signature: \_\_\_\_\_

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



## CONSENT FOR STUDENT ACCESS TO NETWORKED INFORMATION SERVICES

As part of our information technology program, your child will be accessing information services including the Internet. We recognize that use of the Internet can bring with it major parental concerns, and we wish to make student access to such information as safe as we possibly can. Accessing these services is very similar to a student field trip. Supervision will be provided when the Internet is accessed, ensuring that it will be utilized in a responsible manner.

The focus will be on searching the network for educational and general topics of interest to students. The inappropriate use of networked information services or accessing inappropriate sites or material will result in the loss of access privileges and financial responsibility if repair or replacement of stolen or damaged hardware/materials is necessary.

The school's computers and iPads are set up with a program that filters the sites students are able to access. However, the filtering system may not be 100% effective. The staff of St. Joseph School will continue to monitor the activities of students to ensure quality of content.

School personnel will review files and communications to ensure system integrity and ensure that users are using the system responsibly. Users should not expect that files stored on St. Joseph's computers would always be private. The administration can access all files and monitor them as necessary.

Students, staff and parents of St. Joseph School understand that the following infractions will result in disciplinary measures:

- Damaging computers, iPads, computer systems, software, peripherals or computer networks
- Trespassing in another person's folders, work or files
- Violating Internet protocols
- Accessing email, chat groups or news groups without permission of the teacher or administration
- Accessing prohibited materials
- Using obscene language
- Taking, sending or displaying offensive messages or pictures
- Harassing, insulting or attacking others online
- Violating copyright laws
- Intentionally wasting limited resources
- Employing the network for commercial purposes
- Utilizing computers or network for personal use during school operating hours

***I have read the Acceptable Use Policy for St. Joseph School above and have reviewed it with my child.***

Child's Name: \_\_\_\_\_

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

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

**The acceptance of this policy will remain in effect for the period of time this student is in attendance at St. Joseph School.**