



**Application Information  
for  
2021 – 2022**





# ST. PAUL SCHOOL

8251 St. Albans Rd., Richmond, BC V6Y 2L2 | Tel. 604-277-4487 | Fax. 604-277-1810  
Email: office@stpaulschool.ca | www.stpaulschool.ca

## APPLICATION CHECKLIST

Applicant's Full Name: \_\_\_\_\_  
(Last / First)

Please forward the following documents with your child's application including the Application Checklist during office hours (9:30am to 3:30pm) **STRICTLY on Tuesday, February 16<sup>th</sup> and Wednesday, February 17<sup>th</sup>, 2021 ONLY.**

Upon receipt of all the requirements, your application will be processed and you will be notified of the outcome by mail, email or a phone call by ***Thursday, February 25<sup>th</sup>.***

- ☐ Application Form (FORM NO. 1-yellow)
- ☐ A recent 2" X 2 "colored photo of your child.
- ☐ **Original** copy of your child's ***Birth Certificate*** (School office will make a copy.)
- ☐ **Original** copy of your child's ***Baptismal Certificate*** (School office will make a copy.)
- ☐ **Original** copy of your child's ***Holy Communion Certificate***, if applicable. (School office will make a copy.)
- ☐ **Original** copy of parent's ***Marriage Certificate*** (School office will make a copy.)
- ☐ A copy of your child's ***Most Recent Immunization Record***
- ☐ A copy of your child's most recent report card (if applying for Kindergarten, please include preschool or daycare progress report; if applying for other grades, please include report card for the last 2 school years).
- ☐ Student Profile / Medical Information Form (FORM NO. 2A/2B-salmon)
- ☐ Commitment Form – (FORM NO. 3-white) Return one copy and keep one copy for your records.
- ☐ Personal Information Privacy Policy (FORM NO. 4-white)
- ☐ Admission to Canada & Residency Form A - (FORM NO. 5-white)
  - ☐ Section 1 : Parents or guardians must complete this section. Parents, or guardians are asked to bring their **original** Canadian Citizenship or birth certificate, Landed Immigrant (Form #IMM1000 or equivalent) or Permanent Resident documents. (School office will make a copy.) No passports please.
  - ☐ Section 2 : Proof of Residency in British Columbia. A recent copy of a utility bill, mortgage document, rental agreement, or tax assessment ***MUST*** be attached. Cellphone bills are not accepted.
- ☐ Parent Participation Form – (Purple)
- ☐ Pastor's Authorization (Beige) (Please submit completed form to the **parish office.**)
- ☐ ***Non refundable*** application fee of \$50.00. Please issue cheque payable to **St. Paul School.**  
This fee applies to all ***NEW*** students.

## FOR OFFICIAL USE ONLY

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

Received By: \_\_\_\_\_

Updated January 2021

Application Fee (\$50.00)

☐ Cash (Receipt No. \_\_\_\_\_ )

☐ Cheque \_\_\_\_\_

Cheque Dated: \_\_\_\_\_



# ST. PAUL SCHOOL

School Year 2021-2022

**FOR ON-LINE  
APPLICATION ONLY**

## PRE-AUTHORIZED DEBIT - Payment Authorization Agreement Form

(Please PRINT CLEARLY.)

FAMILY NAME	FATHER'S NAME	MOTHER'S NAME

APPLICATION 2021-2022	CHILD 1	CHILD 2
NAME OF CHILD		
GRADE		

APPLICATION FEE (\$50.00 PER NEW STUDENT)	Total Amount	Initial
Withdrawal Date: Upon submission of registraion form.		

### BANK ACCOUNT INFORMATION

<b>*Please attached a VOID CHEQUE or a Bank Info Form.*</b>	
Name of Account Holder	Account Holder's Address

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

I, as the account holder, authorized the financial institution whose name appears on the attached voided cheque, to debit my account at the identified branch under terms and conditions agreed to by me with the payee, St. Paul School, until such time as written notice to the contrary is given by me to the payee. The branch of the financial institution at which I maintain the account is not required to verify that the payment/s is /are drawn in accordance with the authorization. A debit in paper, electronic or other in the amount may be drawn on my account up to 11 times per calendar year.

I will notify **St. Paul School** in writing of any changes in the account information or termination of the authorization prior to the next due date of the pre-authorized debit. I understand that no recourse will be provided through the clearing system (i.e. no automatic reimbursement in the event of a dispute). I further understand that I may seek reimbursement or recourse from **St. Paul School** in the vent that a pre-authorized debit is erroneously charged to my account.

If my bank or financial institution does not recognize the pre-authorized debit for whatever reason (example: insufficient funds in the account), the payment arrangement is subject to cancellation. **I will be required to submit to St. Paul School a current dated cheque to cover the missed payment including a NSF charge of \$20.00.**

This agreement will remain in effect until **St. Paul School** receives a written notice of cancellation from me or my financial institution, or until I submit a new pre-authorized from.



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## **APPLICATION INFORMATION**

Thank you for considering St. Paul School for your child's education. Please read carefully all the information in this registration package before submitting your application. You are required to submit all supporting documents with your child's application including the *Application Checklist* during office hours (9:30am to 3:30pm) **STRICTLY on Tuesday, February 16<sup>th</sup> and Wednesday, February 17<sup>th</sup>. 2021 ONLY.**

**Priorities for Admittance into Elementary Schools** as defined by the Catholic Independent Schools of the Vancouver Archdiocese (CISVA) are as follows:

1. Children presently enrolled in the school if they and their families meet the expectations of the school.
2. Siblings of children already in the school, whose families are practicing Catholics active in the parish.
3. Children whose families are practicing Catholics active in the parish.
4. Siblings of children already in the school, whose families are practicing Catholics active in other parishes.
5. Children whose families are practicing Catholics coming into the parish, who have been attending Catholic school elsewhere.
6. Children whose families are practicing Catholics active in other parishes.
7. Children whose families are either not practicing Catholics or not active in their parishes.
8. Non-Catholic. Enrollment of more than 15% non-Catholics in any grade require the approval of the Board of Directors. Once accepted into the school, non-Catholics need to meet only the criteria expected of other students to be re-admitted in subsequent years. Siblings of non-Catholics cannot be given priority over Catholics.

## **School Fees**

Parish schools within the Archdiocese of Vancouver service the parish with which the school is affiliated. Each year the parish subsidizes the school financially to balance the school's budget. In addition, the school requires specific annual fees. The following shows these fee requirements for St. Paul School for the 2020-2021 School Year.

### **Application Fee**

A *non-refundable* application fee of **\$50.00** is charged for every submitted application.

### **Tuition Fees**

The table below summarizes the school's monthly tuition rates for the **2020-2021** school year.

<b><u>Family</u></b>	<b><u>Category 1</u></b>	<b><u>Category 2</u></b>	<b><u>Category 3</u></b>
One Child	\$290.00	\$366.00	\$466.00
Two Children	\$453.00	\$588.00	\$688.00
Three or More Children	\$547.00	\$706.00	\$806.00

Definitions:

**Category 1** – Catholic Family is an active and participating member of St. Paul Parish

**Category 2** – Catholic Family is a registered only member of St. Paul Parish

**Category 3** – Catholic Family is a member of another Catholic Parish or Family is non-Catholic

For the purposes of admission to the school, you belong to **Category 1** if your family:

- Is registered in this parish.
- Regularly attends Sunday Mass at St. Paul Parish.
- Uses weekly envelopes from St. Paul Parish on a regular basis.
- Participates in the work activities required of you by St. Paul Parish.

### **Activity Fee**

This fee of **\$75.00** per primary student (Kinder to Grade 3) or **\$85.00** per intermediate student (Grade 4 to Grade 7) is paid annually and covers consumable books and some class activities/field trips.

### **Participation Program**

St. Paul School has a Parent Participation Program that allows us to keep some annual costs at a minimal level. All families are expected to participate in the various activities of the school including fundraising. In addition, our school has a scheduled Parent Participation Program where families take part in an activity on a set schedule [e.g. Bingo & Traffic Crossing Guard.

*Each new family* is required to pay a deposit of **\$250.00** which is payable upon acceptance into the school. If the requirements of participation are not fully fulfilled, you will forfeit the deposit and be required to pay the full amount or the difference the following school year. If all participation requirements are met each year, this deposit is carried over to the next year and refunded when your family leaves the school.



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## **Policy Regarding School Fees**

In order to maintain the high quality of education at St. Paul School, it is necessary to maintain a healthy financial position as well as the participation and cooperation of the parents who have children registered in the school. The Education Committee also strives to keep the tuition fees at as low a level as possible but this can only be achieved if every family shares the burden.

It is the policy of the school that every family with a child/children, registered in St. Paul School is obliged to support St. Paul Parish by using the Sunday Envelope System. There is no dollar amount specified but a reasonable contribution, according to one's financial situation, is expected. The parish expectation is a weekly donation of one hour's wage. Families new to the parish are expected to contribute regularly (at least 1 year) before being eligible for Category 1 fee schedule.

**PLEASE KEEP THIS INFORMATION FOR YOUR RECORDS**



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## Application for Admission to Grade \_\_\_\_\_ September 2021

Please print clearly on both sides

### APPLICANT INFORMATION

Student's Legal Name:	_____/_____/_____	Male or Female
	(Last) (First) (Middle)	(Circle One)
Usual First Name:	_____	
Present Address:	_____/BC_____	Home Telephone: _____
	(City) (Postal Code)	E-mail Address: _____
		(for ALL communications)
Date of Birth:	_____	Place of Birth: _____
	(Day / Month / Year)	(City & Country)
Citizenship	_____	
Date of Baptism:	_____	Religion: _____
	(Day/Month/Year)	
Place of Baptism:	_____/_____	
	(Name of Church)	(Address of Church)
Has your child received?	<input type="checkbox"/> Reconciliation	<input type="checkbox"/> Eucharist
	Parish: _____	Parish: _____
		<input type="checkbox"/> Confirmation
		Parish: _____
School Last Attended:	_____	Grade Completed: _____
Address of School:	_____/_____/BC_____	
	(Address) (City) (Postal Code)	

### FAMILY INFORMATION

Father's Name:	_____/_____	Email Address: _____
	First Last	
Marital Status :	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Others (specify) _____	
Address: (If different from student)	_____	
Occupation:	_____	Employer: _____
Work Tel:	_____	Cell No.: _____
Religious Denomination:	_____	Home Parish: _____
Immigration Status:	<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Permanent Resident	

Mother's Name:	_____/_____	Email Address: _____
	First Last	
Marital Status :	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Others (specify) _____	
Address: (If different from student)	_____	
Occupation:	_____	Employer: _____
Work Tel:	_____	Cell No.: _____
Religious Denomination:	_____	Home Parish: _____
Immigration Status:	<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Permanent Resident	

Primary Language spoken at home \_\_\_\_\_ /Other Language/s spoken at home \_\_\_\_\_

Siblings 1. _____	DOB _____ (Day/Month/Year)	4. _____	DOB _____ (Day/Month/Year)
2. _____	DOB _____ (Day/Month/Year)	5. _____	DOB _____ (Day/Month/Year)
3. _____	DOB _____ (Day/Month/Year)	6. _____	DOB _____ (Day/Month/Year)

Name of Parish to which you belong: \_\_\_\_\_

St. Paul Parish Envelope Number : \_\_\_\_\_ since \_\_\_\_\_

To qualify for Kindergarten in September 2021, a child must have been born in the year 2016 or earlier.

**We/I certify that all information stated in this application is accurate and current.**

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_

Information on this Application Form is gathered and used to complete the registration process and thus provide your child with the best possible educational service.





# ST. PAUL SCHOOL

FORM NO. 2A

## STUDENT PROFILE/MEDICAL INFORMATION SCHOOL YEAR 2021-2022

STUDENT NAME: \_\_\_\_\_ GRADE \_\_\_\_\_ Care Card# \_\_\_\_\_  
(LAST) (FIRST)

\*In order to provide a safe and productive learning environment, it is imperative that all medical information affecting education be disclosed to the school at the time of application or re-application. Admission is contingent upon appropriate disclosure of relevant information and may be revoked if such information is withheld. Disclosure of information WILL NOT AFFECT your child's admission status, but rather allows St. Paul School to plan for the coming year.

List chronologically all previous schools attended, including Preschool, and Kindergarten. Please provide the complete mailing address of the last school attended. This will allow us to send for school records.

NAME OF SCHOOL	Address, City, Postal Code, Fax Number	Year	Grade

Previous academic achievement has been:

☐ Superior ☐ Above average ☐ Average ☐ Below Average

Has the student ever repeated a grade or been retained? ☐ Yes ☐ No

If yes, state at which grade level and explain reasons:

Has the student ever been suspended or expelled? ☐ Yes ☐ No

If yes, state at which grade level and explain reasons

How many days of school did the student miss last year? \_\_\_\_\_ Explain: \_\_\_\_\_

Has the student ever received any learning assistance, special education instruction, counseling or been referred to a public health program or service? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

Has your child ever been assessed or experienced LEARNING/ EMOTIONAL/ INTELLECTUAL/ PHYSICAL/ SOCIAL DIFFICULTIES (reading difficulties, speaking difficulties, physical challenges, developmental delays, attention or social issues, aggression, etc.) Have reports or documents been written? (Please attach a copy).

☐ Yes ☐ No

Please specify \_\_\_\_\_

Describe your child's personality (shy, nervous, outgoing, strong-willed, cooperative, confident, social, etc.):



# ST. PAUL SCHOOL

FORM NO. 2B

## STUDENT PROFILE/MEDICAL INFORMATION SCHOOL YEAR 2021-2022

STUDENT NAME: \_\_\_\_\_ GRADE \_\_\_\_\_ Care Card# \_\_\_\_\_  
(LAST) (FIRST)

MEDICAL PROBLEMS OR KNOWN ALLERGIES (i.e. epilepsy, diabetes, food allergies, insect bite allergies, vision or hearing impairments, heart condition, etc.) ☐ Yes ☐ No

Please specify \_\_\_\_\_

Does your child have any life-threatening allergies or illness? ☐ Yes ☐ No

Medical Condition: \_\_\_\_\_

Does your child have an EPI-PEN? ☐ Yes ☐ No

Does your child wear a Medic Alert Bracelet? ☐ Yes ☐ No

Does your child use medication for asthma? ☐ Yes ☐ No

Other (please specify) : \_\_\_\_\_

Does your child manage their condition independently (carry/administer their own medication)? ☐ Yes ☐ No

Please specify: \_\_\_\_\_

Kind of medication and dosage which must be stored at school: \_\_\_\_\_

**Please specify (Note: Staff cannot administer medication unless a formal request form is completed. If your child has a medical condition that requires specific instructions, procedures or medications, you (and your physician) must fill out the appropriate paper work which is available at the office.**

**Emergency Instructions:**

Include any other medical information/documentation for educational planning (speech, hearing, birth complications, heart, vision, development, etc.)

Has your child been referred to any specialists (allergist, eye doctor, hearing, pediatrician, etc.)?

Has your child ever had any medical testing? ☐ Yes ☐ No Dates of testing (if applicable): \_\_\_\_\_

Report provided to the school? ☐ Yes ☐ No

Diagnoses/Recommendations: \_\_\_\_\_

Do any agencies such as the Child Development Centre, health clinics, occupational therapists or speech pathologists have reports on your child? If so, please attach any copies you have.

Is there anything else you would like us to know about your child? \_\_\_\_\_

**I understand that my signature indicates that all information documented is truthful and complete.**

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



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**FAMILY STATEMENT OF  
COMMITMENT 411**

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**Rationale**

"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. 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 PHILOSOPHY OF EDUCATION FOR CATHOLIC SCHOOLS IN THE PROVINCE OF B.C. by Catholic Bishops of B.C.

**Policy**

All families will be required to complete a Family Statement of Commitment. Partners (home, school, parish) in Catholic Education must work together to provide an environment where faith and learning go hand in hand leading the young people to be the best they can be.

**Procedure**

The philosophy of our Catholic school expresses the teaching and practice of the Roman Catholic Church and must be supported by all members of the community. Please read the following statements carefully. They ask you to make a commitment to the values and ideals of our school community. If you have any questions or concerns regarding this commitment form, please bring them to the Principal, Pastor or the Chairperson of the Education Committee who will gladly discuss them with you. By returning the signed statement with your completed application, you accept the responsibility of this commitment.

**FAMILY STATEMENT OF 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 Board of Directors of the Catholic Independent Schools of Vancouver Archdiocese.
2. All students are required to participate in our religious education curricular and co-curricular programs including liturgical celebrations, retreats, prayer, etc.
3. Parents/Guardians are expected to support the teachings on faith and morals in the Religious Education Program and participate in the program as required by the school.
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



**GENERAL SCHOOL  
ADMINISTRATION**

**FAMILY STATEMENT OF  
COMMITMENT 411**

strive toward the development of his/her full academic potential.

5. Each family is expected to support and participate in the fund-raising activities of the parish/school. This means each family shares in the responsibility of educating our Catholic children.
6. Each student is expected to know and follow school policies on behavior.
7. Parents/Guardians are expected to know and support school policy and procedures.
8. Parents/Guardians are expected to attend at least one orientation session which will focus on the philosophy and goals of our school.
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 the student from the school.

Please sign both copies. Keep one and return the other with your application.  
I have read and understand the above expectations and commitments and I hereby accept them as stated.

Parent/Guardian

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

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

(Secondary School)

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

Reference:	Approved: Board of Directors
	Date Approved: November, 1996
Cross-reference: Policy 403 - Application/Re-registration Elementary Policy 404 - Application/Re-registration Regional HS Policy 424 - Volunteers	Date(s) Revised: April 6, 2010

STUDENT NAME (PLEASE PRINT)



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**FAMILY STATEMENT OF  
COMMITMENT 411**

---

**Rationale**

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## GENERAL SCHOOL ADMINISTRATION

### FAMILY STATEMENT OF COMMITMENT 411

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(Secondary School)

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

Reference:	Approved: Board of Directors
	Date Approved: November, 1996
Cross-reference: Policy 403 - Application/Re-registration Elementary Policy 404 - Application/Re-registration Regional HS Policy 424 - Volunteers	Date(s) Revised: April 6, 2010



# ST. PAUL SCHOOL

FORM NO. 4

## PERSONAL INFORMATION PRIVACY POLICY FOR PARENTS AND STUDENTS School Year 2021-2022

FAMILY NAME: \_\_\_\_\_ (Please Print Clearly)

Children's Names/Grades: \_\_\_\_\_

On January 1, 2004, British Columbia's Personal Information Protection Act – Bill 38 came into effect. In accordance with the privacy procedures introduced in the Personal Information Protection Act, you are required to read and sign below and return this with the application package to the school office.

I consent to having St. Paul School collect personal information that may include student identification information, birth certificate, legal guardianship, court orders if applicable, parents work/cell 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.

***This information is required in order to register your child at this school and assist the school 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 manager for St. Paul School is Ms. Maureen Moorehead, Principal, who may be reached at 604-277-4487.***

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

The school may prepare a family address, phone list and e-mail list for each class to be distributed to teachers, homeroom parents and other class families. Do you approve to have your names, phone number and e-mail included? Please indicate:

Address: ☐ Yes ☐ No

Email: ☐ Yes ☐ No

Phone: ☐ Yes ☐ No

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

Print Name: \_\_\_\_\_

\*\*\*\*\*

The school may submit my child's photograph, without names, to the local newspapers and BC Catholic newspaper for the purpose of publishing stories about events and activities at St. Paul School. Please indicate:

☐ Yes ☐ No

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

Print Name: \_\_\_\_\_

\*\*\*\*\*

The school has traditionally used photographs and/or video footage of students in the Grade 7 yearbook, occasionally in newsletters, class projects and memorabilia, assemblies and in school video presentations, etc. Do you approve to have images of your child to be used in this way? Please indicate:

☐ Yes ☐ No

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

Print Name: \_\_\_\_\_

\*\*\*\*\*

The school operates a web site for the purposes of informing parents and the public about events at the school. Do you approve to have images of your child, without names, to be used on the school web-site? Please indicate:

☐ Yes ☐ No

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

Print Name: \_\_\_\_\_

**St. Paul School acknowledges that there will be no disclosure of any of the above personal information to any third party unless written authorization is received from you. For more information, please contact the privacy manager for the school at the number stated above.**



**(ADMISSION TO CANADA AND RESIDENCY) – FORM A**

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 ☒ 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 the 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's/Legal Guardian's Name: \_\_\_\_\_

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

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

**For Office Use Only**

Proof of Residency: \_\_\_\_\_

Initial of Recipient

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

Legal Surname: \_\_\_\_\_

Name of Child/ren and Grade: \_\_\_\_\_



# St. Paul School



## New Parent Participation Form July 2021 - June 2022

(Please clearly fill out all pertinent information requested.)

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

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

Father's Occupation: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_

Valid Email: \_\_\_\_\_

Valid Email: \_\_\_\_\_

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

Grade: \_\_\_\_\_

Fill out one of the boxes below, indicating the choices needed for that box.

**If no choices are made the PEC will make the final assignment according to the needs of the school.**

1. \_\_\_\_\_ **BINGO PARTICIPATION** (Kindly indicate your choice of team/shift below. If no preference is given, the PEC and the Bingo Committee will put together the shift assignment where needed.)

The "**2021-2022**" *Bingo Team Schedule*" is attached for your reference.

### **WEEKLY (Every Thursday up to 13 shifts; Indicate 3 choices as 1, 2, 3)**

\_\_\_\_\_ **Team A:** (2021) Sept 2, 9, 16, 23, 30 (2022) Feb 3, 10, 17, 24 Jun 9, 16, 23, 30

\_\_\_\_\_ **Team B:** (2021) Oct 7, 14, 21, 28 Dec 16 (2022) Jan 6, 13, 20, 27 Mar 3, 10, 17, 24

\_\_\_\_\_ **Team C:** (2021) July 8, 15, 22, 29 Nov 4, 18, 25 Dec 2 (2022) May 5, 12, 19, 26 Jun 2

\_\_\_\_\_ **Team D:** (2021) Aug 5, 12, 19, 26 Dec 9, 16, 23, 30 (2022) Mar 31 Apr 7, 21, 28

### **AVAILABLE TIME SLOTS: (Indicate 1, 2, 3)**

\_\_\_\_\_ 4:00PM – 8:00PM

\_\_\_\_\_ 4:30PM - 8:30PM

\_\_\_\_\_ 5:00PM - 9:00PM

\_\_\_\_\_ 5:45PM – CLOSE

### **BI-WEEKLY (Every Thursday up to 26 shifts from July 1, 2021 – June 30, 2022; Indicate 1 choice)**

\_\_\_\_\_ 1:00PM - 3:00PM (Kitchen Early)

\_\_\_\_\_ 3:00PM - 5:00PM (Bingo Set-up or Kitchen Help)

\_\_\_\_\_ 4:00PM - 6:00PM (Kitchen)

Please indicate your 2020-2021 or 2019-2020 Bingo Position \_\_\_\_\_ Team \_\_\_\_\_ Shift \_\_\_\_\_

(We will do our best to maintain your current position.)

2. **TRAFFIC CROSSING GUARD** (8:20am – 9am or 2:35 pm to 3:15pm) **TWICE A WEEK ONLY**

Please indicate your preference:

1<sup>ST</sup> Shift: 1st \_\_\_\_\_ 2nd \_\_\_\_\_ Morning \_\_\_\_\_ Afternoon \_\_\_\_\_

2<sup>nd</sup> Shift: 1st \_\_\_\_\_ 2nd \_\_\_\_\_ Morning \_\_\_\_\_ Afternoon \_\_\_\_\_

NOTE: If both parents are sharing participation duties, the following criteria must be met:

- both must be qualified and attend all training sessions
- both must sign the memorandum of agreement
- both must be listed below and sign individually

*Please make provisions for your children. You are not allowed to bring them during your shift.*

Name \_\_\_\_\_  
Parent #1 (Please print) Parent #2 (Please print) SURNAME (Please Print)

SIGNATURE#1 \_\_\_\_\_ SIGNATURE#2 \_\_\_\_\_

We can be reached at: Day Time Phone Number: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

**PLEASE READ: VERY IMPORTANT**

***Bingo Participation is a priority. Exceptions may be made for positions requiring certain expertise that are critical to the operation of the school. In these cases, parents with children in intermediate grade(s) will be given priority over parents with children in primary grade(s).***

**The final assignment and decision on parent participation will be made by the PEC.**

**As we had a shortage of parent volunteers in the previous years, if under extenuating circumstances you can not commit to fulfilling your participation assignment, a letter stating the reason for exemption must be written to the PEC. The letter should be attached to this form upon submission of re-registration. Members of the PEC will review and conduct an honest assessment based on the reason provided for non-participation. You will receive an email from the PEC once a decision has been reached.**

***Please keep in mind the payment is now \$2500 in lieu of Parent Participation for each school year.***

***This is payable before April 01, 2021.***

# St. Paul School



## 2021/2022 BINGO TEAM WORK DATES

1	July 8, 2021	C		27	January 6, 2022	B
2	July 15, 2021	C		28	January 13, 2022	B
3	July 22, 2021	C		29	January 20, 2022	B
4	July 29, 2021	C		30	January 27, 2022	B
5	August 5, 2021	D		31	February 3, 2022	A
6	August 12, 2021	D		32	February 10, 2022	A
7	August 19, 2021	D		33	February 17, 2022	A
8	August 26, 2021	D		34	February 24, 2022	A
9	September 2, 2021	A		35	March 3, 2022	B
10	September 9, 2021	A		36	March 10, 2022	B
11	September 16, 2021	A		37	March 17, 2022	B
12	September 23, 2021	A		38	March 24, 2022	B
13	September 30, 2021	A		39	March 31, 2022	D
14	October 7, 2021	B		40	April 7, 2022	D
15	October 14, 2021	B		41	April 14, 2022	NO BINGO
16	October 21, 2021	B		42	April 21, 2022	D
17	October 28, 2021	B		43	April 28, 2022	D
18	November 4, 2021	C		44	May 5, 2022	C
19	November 11, 2021	NO BINGO		45	May 12, 2022	C
20	November 18, 2021	C		46	May 19, 2022	C
21	November 25, 2021	C		47	May 26, 2022	C
22	December 2, 2021	C		48	June 2, 2022	C
23	December 9, 2021	D		49	June 9, 2022	A
24	December 16, 2021	B + D		50	June 16, 2022	A
25	December 23, 2021	D		51	June 23, 2022	A
26	December 30, 2021	D		52	June 30, 2022	A

### SHIFT SWITCHING PROCEDURE

updated 01/2021

- 1 Find an individual who works the same position as you from another team.
- 2 Once the shift switch is confirmed, both parties must notify by email to [bingo@stpaulschool.ca](mailto:bingo@stpaulschool.ca) and also to your team and assistant manager about your switch one week prior to the event night.

Note: For participants/volunteers on new positions, compulsory training will start in the first week of June for a minimum of 2-4 weeks

**ST. PAUL SCHOOL**  
**PASTOR AUTHORIZATION FORM**  
**2021-2022**



Please submit this form to the parish office during office hours and well ahead of the deadline.  
Once the pastor completes the form, the parish office will forward it to the school office.

**FAMILY INFORMATION**

☐ New Family

☐ Returning Family

Family Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Parish \_\_\_\_\_ Parish Envelope No. \_\_\_\_\_

List children's names:

Grade – September 2021

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

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

**NON-CATHOLIC FAMILIES:**

We do not belong to a Catholic Parish. \_\_\_\_\_

Parent Name & Signature

.....

**PASTOR'S AUTHORIZATION**

(For Official Use Only)

St. Paul Parish pastor is requested to sign.

A. Registered, supporting Parishioner \_\_\_\_\_

B. Registered, non-supporting Parishioner \_\_\_\_\_

C. Registered Parishioner in another parish \_\_\_\_\_

D. Catholic, Not Registered in a parish \_\_\_\_\_

E. Non-Catholic \_\_\_\_\_