

EDUCATIONAL INFORMATION

Former School: _____ Address: _____
 City: _____ Prov: _____ Postal Code: _____
 Has this child received Special Education Programming: YES ___ NO ___
 Has this child received Learning Assistance: YES ___ NO ___

LEGAL INFORMATION

Is there a court order in effect: YES ___ NO ___
 If YES please give details concerning custody and guardianship: _____

Note: Copy of an up-to-date court order must be on file with the school

I am (please X one):

- ___ 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 one year or longer.
 ___ Employment authorization (working permit) for one year or longer.
 ___ 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) _____

(Residency in British Columbia)

I am a resident of British Columbia (please X one):

- ___ YES Residency address: _____
 ___ NO I am not a resident of British Columbia.

MEDICAL INFORMATION

Immunization Form Completed: YES ___ NO ___ Care Card Number: _____
 Doctor's Name: _____ Phone: _____ Medical Alert: YES ___ NO ___
 Physical Limitations: _____ Medic/Alert Bracelet: ___ Where worn: _____
 Is this child currently on any medication: NO ___ YES ___ Description: _____

To be completed by the Parent/Guardian:

Why do I want my child to attend St. Ann's Academy: _____

DECLARATION:

I give permission for the transfer of all information and documentation pertaining to my child as named above if transferring from a BC Public School or a School outside of BC.

I give my consent for the release of my name, phone number, address and email address for school communication purpose, such as Parent Support Group and classroom phoning committee, etc.

PUBLISHING PERMISSION: (CHECK ONE OPTION ONLY)

I GIVE permission for my child's name/work/photo to be used by the media, or our website, or the website of the Catholic Independent Schools Kamloops Diocese. **OR**

I DO NOT GIVE permission for my child's name/work/photo to be used by the media, or website, or the website of the Catholic Independent Schools Kamloops Diocese.

I hereby acknowledge that I can access the St. Ann's Academy Parent Handbook on-line and agree to pay all fees as required.

 Parent/Guardian Signature

 Date