

CHECKLIST

Please use this checklist as a guide for ensuring that you have included all required documents with your application.

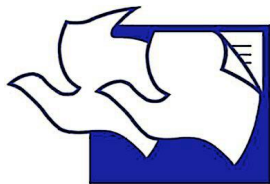
1. ☐ **Application Form** (page 1 & 2): Ensure that you have fully completed and signed the application form.
2. ☐ **Student Medical form** (page 3 & 4)
3. ☐ **Teacher Recommendation Form** (page 5): This form is required. To be considered, it must be completed by a current teacher (K-8) and submitted by the teacher directly to St. Charles Catholic School. It can be faxed or sent by email as indicated on the form. If a child is in Pre-School, this form is also required.
4. ☐ **Permission to Release Confidential Information Form** (page 6)
5. ☐ Your child's most **recent photo**.
6. ☐ Your child's most **recent report card** (K-8) or **progress report** (Pre-School)
7. ☐ **Copy of Birth Certificate: Note:** As per St. Charles Catholic School, School Board Policy, Kindergarten students must be 5 years old by December 31st of the year in which they are applying for Kindergarten.
8. ☐ **Copy of Baptismal Certificate**
9. ☐ **Pastoral Recommendation Letter**
10. ☐ **Application Fee:** K-8 \$125.00 (per child) - this fee is **non-refundable**. Cheques are payable to St. Charles Catholic School.

With this application I / we accept the following:

1. The Policies, Rules and Regulations as stipulated in the St. Charles Catholic School Handbook.
2. The right of Administration to discipline or dismiss a student whose conduct warrants such action.
3. Tuition rates as determined by the Board of Directors of St. Charles Catholic School and prompt payment thereof.

Date

Signature of Parent(s) / Guardian(s)



Application For Grade _____ **School Year** _____ **Date of Application** _____

Student's Legal Name _____
Surname First Middle Preferred First Name

Home Address _____
Street City Province Postal Code

Home Phone _____ ☐ M ☐ F Date of Birth ____/____/____ Present Age ____
dd mm year

Current School _____ School Address _____

Student's Religion _____ Mother's Religion _____ Father's Religion _____

Name of Current Parish/ Religious Institution _____ Name of Current Pastor _____

Student's Baptism ____/____/____ Parish/Place ____
dd mm year

First Communion ____/____/____ Parish/Place ____
dd mm year

Confirmation ____/____/____ Parish/Place ____
dd mm year

Student lives with: ☐ Mother and Father ☐ Mother and Stepfather ☐ Mother only ☐ Father only ☐ Father and Stepmother
☐ Relative (specify) _____ ☐ Guardian ☐ Other (specify) _____

____ Mr. ____ Dr. ____ Other

Father's Full Name _____

Address _____

City _____ Prov ____ Postal Code _____

Occupation _____

Employer _____

Business Address _____

Work # _____ Cell # _____

Email _____

Stepmother's Full Name (if applicable) _____

____ Mrs. ____ Ms. ____ Dr. ____ Other

Mother's Full Name _____

Address _____

City _____ Prov ____ Postal Code _____

Occupation _____

Employer _____

Business Address _____

Work # _____ Cell # _____

Email _____

Stepfather's Full Name (if applicable) _____

Emergency Contact 1 (other than a parent):

Name _____ Relationship to Child _____

Home Phone # _____ Work Phone # _____ Cell # _____

Emergency Contact 2 (other than a parent):

Name _____ Relationship to Child _____

Home Phone # _____ Work Phone # _____ Cell # _____

Does your child have any diagnosed learning disabilities or medical conditions which require a special program of studies such as an IEP or other form of accommodation in the classroom? If so, please explain:

Family Information

Check any that apply: ☐ parents divorced ☐ parents separated ☐ father deceased ☐ mother deceased

Legal Custody: ☐ Both Parents ☐ Mother Only ☐ Father Only ☐ Guardian ☐ Other (specify) _____

School reports / general mailings / notices should be sent to: ☐ Parents/Guardians ☐ Mother ☐ Father

School age siblings: _____
(NAME / GRADE / SCHOOL)

(NAME / GRADE / SCHOOL)

(NAME / GRADE / SCHOOL)

Please note:

As noted above, school information will be sent to both parents unless sole custody can be documented or the second parent waives in writing the receipt of correspondence. Further, it is mandatory that both birth parents sign this application, unless sole custody is documented.

St. Charles Catholic School recognizes the roles and responsibilities of all community members in supporting and facilitating a safe and nurturing learning environment: parents, as the primary educators of their children; teachers as the primary educational leaders in both curricular and extracurricular programs; staff in their roles to support and provide for the school's program; administrators in providing vision and leadership to the overall program; and students, in taking responsibility for their decisions and actions.

In making this application, we as parents of a potential St. Charles Catholic School student, are affirming our belief in and commitment to this safe and nurturing learning environment and, were our child to be accepted, we are pledging that we will learn, understand, fully support and enhance the school's environment, rules, practices and traditions. We hereby declare that we have no knowledge of any impediment to our ability, or the ability of our child, to fulfill our roles and responsibilities as contributors to this environment and the mission of the school.

I/We affirm that the information contained in this application is true and accurate. I/we understand that misrepresentation; falsification or omission of facts on this application may result in refusal of admission and/or prompt withdrawal of any previous offer of admission.

I/We hereby make application to St. Charles Catholic School for the admission of my child to the school. If my/our child is accepted, I/we agree:

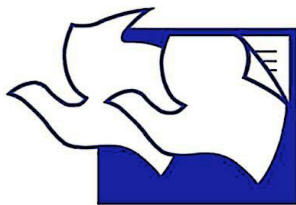
1. To make ourselves familiar with the Rules and Regulations of the school as stipulated in the SCCS Student Handbook;
2. To support and co-operate with the school in the formation of my child;
3. To assist in fundraising efforts by volunteering for a minimum of 20 hours as well as participating in two mandatory fundraisers; Families who choose to opt out of fundraising and/or volunteering must submit a cheque for the required amount by September 1st.
4. To the right of Administration to discipline or dismiss a student whose conduct warrants such action;
5. To pay tuition rates as determined by the Board of Directors of St. Charles and prompt payment thereof;
6. To grant permission to enter my child as a member of the school's Alumni association and for the association to contact me/us;
7. That each family who takes a Family Directory shares in the responsibility for the privacy of the members of our community and will use the Family Directory according to school expectations;
8. It is my/our responsibility to use the door access FOB appropriately and to report to the office if it is ever lost or misplaced.
9. That as the parent/s or guardian/s of this child, that I/we have read the Acceptable Use of Technology Policy, understand that this access is designed for educational purposes and that St. Charles Catholic School has taken precautions to circumvent student access to controversial material. However, I/we also recognize it is impossible for St. Charles Catholic School to restrict access to all controversial materials and will not hold the school responsible for materials acquired;
10. To have read the Low-Level Risk Field Trip Waiver (separate). I/We understand that in having our child participate in the off-site activities, I/we are assuming the risks associated with doing so.
11. To give St. Charles Catholic School permission to use candid photographic images of my child as a student of the school, in print and Internet publications by the school.
12. That I/we will act at all times to preserve the confidentiality of all personal information of which I/we become aware during the course of fulfilling my duties as a volunteer at St. Charles Catholic School.

Signature of Father

Signature of Mother

Date

Date



Student's Name _____ Applying for Grade: _____
Manitoba Health Registration # (6 digit): _____ Personal Health ID # (9 digit): _____
Physician's Name: _____ Doctor's Office Phone No.: _____
Additional Health Coverage (Blue Cross, etc.): _____

Please indicate any Health Care needs:

- ☐ My child is not experiencing any health problems at this time.
☐ Epi-Pen ☐ Bronchial Inhaler ☐ Asthma ☐ Anaphylaxis
☐ Allergies (identify): _____
☐ Disabilities: _____
☐ Regular Medication: _____

Elaborate on Health Care needs, if necessary: _____

If your child has a life threatening health care need, does he/she have a URIS (Unified Referral Intake System) file in place?

- ☐ **YES**, my child has a URIS file in place ☐ **NO**, my child does not have a URIS file in place

Emergency Procedures

If your child should become ill or injured during the school day, the school will notify the parents. If we are unable to reach the parents we will call your designated contact (s) below. In the event that we are unable to reach either the parents or emergency contact (s), it is the school's policy that a staff member will take the child to the Children's Hospital or the nearest hospital. While we hope that we never have to use your authorization to do so, we would appreciate it if you would grant us this authority by completing the following. In the event that an ambulance is deemed necessary, the parent/guardian shall be billed for this service. **Please note that unless contact information is current and this form is completed and signed, the school will not be held responsible for following the above procedure.**

Please check:

- ☐ I/We **agree** with the above procedure and have completed current contact information below:
☐ I/We **do not agree** with the above procedure and request that the school: _____

Date _____

Signature of Parent(s)/Guardian(s) _____

Parent Contact 1: Name _____ Relationship to Child _____

Home Phone # _____ Work Phone # _____ Cell # _____

Parent Contact 2: Name _____ Relationship to Child _____

Home Phone # _____ Work Phone # _____ Cell # _____

Emergency Contact 1 (other than a parent):

Name _____ Relationship to Child _____

Home Phone # _____ Work Phone # _____ Cell # _____

Emergency Contact 2 (other than a parent):

Name _____ Relationship to Child _____

Home Phone # _____ Work Phone # _____ Cell # _____

Permission to Administer Medication

If your child has a ***chronic condition that requires medication on a daily basis, or on a periodic basis*** and you wish to leave medication at the school so your child will have access to it as needed, please complete the form below.

Student's Name: _____

Student's Address: _____

Birthdate: _____
yyyy/mm/dd

Medication: _____

When to be given and how much: _____

I/We hereby request and authorize that my/our child be given medication as prescribed by our doctor. Such medication is to be given by the school's designated personnel. This authorization is considered to be valid until June 30th next following this date, unless withdrawn by the doctor or parent(s)/guardian(s). **I/We understand that it is our responsibility to ensure that all medications left at the school are current and have not expired.**

Parent/Guardian Name: _____ Relationship to Student: _____
(please print)

Date

Signature of Parent(s)/Guardian(s)



****The Applicant should give this form to a current teacher.**

Date: _____ **Student name:** _____

Current Grade: _____ **School:** _____ **Student MET #** _____

*The above student has applied for admission to **St. Charles Catholic School**. We would appreciate your comments regarding this student. The information will help us to address the student's needs and will be kept in **strict confidence**. Your frank rating and comments will ultimately aid the student, his/her family, and our school. Please return this form as soon as possible. We appreciate your assistance. **This form can be faxed to the above fax number.***

Please indicate the type of program the student follows:

Regular ☐ Regular Adapted ☐ Modified ☐

Has the student ever been referred to: Resource ☐ Clinician Services ☐ (please specify) _____

Please circle the appropriate number grading from poor (1) to excellent (5)

		COMMENTS
Attendance	1 2 3 4 5	
Displays effort	1 2 3 4 5	
Works cooperatively with peers	1 2 3 4 5	
Works independently	1 2 3 4 5	
Displays courtesy and respect	1 2 3 4 5	
Completes daily work	1 2 3 4 5	
Organizes materials	1 2 3 4 5	
Listens attentively	1 2 3 4 5	
Follows directions	1 2 3 4 5	
Participates in class	1 2 3 4 5	
Displays self-control	1 2 3 4 5	
Demonstrates a positive attitude	1 2 3 4 5	
Relationships with peers	1 2 3 4 5	
Relationships with teachers	1 2 3 4 5	
Academic ability in ELA	1 2 3 4 5	
Academic ability in mathematics	1 2 3 4 5	

Has this student been a discipline problem? Severe ☐ Minor ☐ Not at all ☐

Would you recommend the student for placement at St. Charles Catholic School?

Yes ☐ No ☐ With Reservation ☐

Additional Comments: _____

Signature of Classroom Teacher

Signature of Principal



Permission to Release Confidential Information

This form has been provided to allow a school or agency to release confidential information to St. Charles Catholic School.

I, _____, the parent/guardian of
(name of parent/guardian)

_____ give permission for
(name of student)

_____ to release confidential
(school/agency)

verbal information and/or written information/reports to the staff of
St. Charles School about my child.

Acknowledged and approved:

Signed

(parent/guardian)

Date