



**Application Information
for
2025 – 2026**





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 ONLY on Wednesday, February 5th & Thursday, February 6th, 2025.** (Closed for lunch from 12noon to 1pm.)

Upon receipt of all the requirements, your application will be processed, and you will be notified of the outcome by email or a phone call **the week of February 18th.**

- Application Form (FORM NO. 1-yellow)
- A most recent 2" X 2 "clear colored photo of your child.
- A most recent 4" X 3 "clear colored photo of the family.
- 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 – Church Issued (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 current and previous school year.)
- 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.)
 - 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.
- Parent Participation Form – (Purple)
- Pastor's Authorization (Beige) (**Please submit completed form directly 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

Received By: _____

Date Received: _____

Application Fee (\$50.00)

Cash (Receipt No. _____)

Cheque _____

Cheque Dated: _____



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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 ONLY on Wednesday, February 5th and Thursday, February 6th, 2025.**

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. The school requires specific annual fees, and as such, the following shows the fee requirements for St. Paul School for the 2025-2026 school year.

Tuition Fees

The table below summarizes the school's monthly tuition rates for the **2025-2026** school year.

<u>Family</u>	<u>Category 1</u>	<u>Category 2</u>	<u>Category 3</u>
One Child	\$416.00	\$492.00	\$592.00
Two Children	\$553.00	\$688.00	\$788.00
Three or More Children	\$647.00	\$806.00	\$906.00

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 a registered and active parishioner at St. Paul Parish.
- Regularly attends Sunday Mass at St. Paul Parish.
- Supports St. Paul Parish on a regular basis by using the weekly parish issued envelopes or through the on-line giving platform.
- Actively participates in the projects and deeds of the parish.

Application Fee

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

Current 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, specifically Bingo.

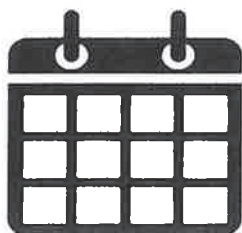
Each new family is required to pay a deposit of **\$250.00** which is payable upon acceptance into the school. If the requirements of participation are not fully fulfilled, you will forfeit the deposit and be required to pay the full amount or the difference the following school year. If all participation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

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 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 or by On-line Giving Program. 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, for at least one (1) year, before being eligible for Category 1 tuition fee schedule.

KEY DATES



Submission of Application (9:30am to 12noon and 1:00pm to 3:30pm ONLY)	Wednesday, February 5th	Thursday, February 6th
Call for Interview	The week of Tuesday, February 18th	
Parent Interview and Child's Play Session	Tuesday, February 25	
Results of Interview	The week of March 3 rd	

PLEASE KEEP THIS INFORMATION FOR YOUR RECORDS



ST. PAUL SCHOOL

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Application for Admission to Grade _____ September 2025

Please type or print clearly in ink.

APPLICANT INFORMATION

Student's Legal Name:	_____ / _____ / _____	Male or Female	
	(Last) (First) (Middle)	(Circle One)	
Usual First Name:	_____		
Present Address:	_____	Home Telephone: _____	
	_____ / BC _____	E-mail Address: _____	
	(City) (Postal Code)	(for ALL communications)	
Date of Birth:	_____	Place of Birth: _____	
	(Month/Day/Year)	(City & Country)	
Citizenship:	_____		
Date of Baptism:	_____	Religion: _____	
	(Month/Day/Year)		
Place of Baptism:	_____ / _____		
	(Name of Church)	(Address of Church)	
Has your child received?	<input type="checkbox"/> Reconciliation	<input type="checkbox"/> Eucharist	<input type="checkbox"/> Confirmation
	Parish: _____	Parish: _____	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 _____	4. _____	DOB _____
	(Month/Day/Year)		(Month/Day/Year)
2. _____	DOB _____	5. _____	DOB _____
	(Month/Day/Year)		(Month/Day/Year)
3. _____	DOB _____	6. _____	DOB _____
	(Month/Day/Year)		(Month/Day/Year)

Name of Parish to which you belong: _____

St. Paul Parish Envelope Number : _____ since _____

To qualify for Kindergarten in September 2025, a child must have been born in the year 2020 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 2025-2026

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 2025-2026

STUDENT NAME: _____ GRADE _____ Care Card# _____

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 auto-injector (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: _____

Pease 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 paperwork 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: _____



ST. PAUL SCHOOL

FORM NO. 2C

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1. Has your child ever received EAL (English as an Additional Language)/ ELL (English Language Learner) assistance?
 No
 Yes **If yes, what grade and for how long?*

2. Has your child ever been recommended for, or received support/Inclusive Education (Special Education) services?
 No
 Yes **If yes, what type?*

3. Does your child have any accessibility needs or physical limitations that affect his/her learning or mobility?
 No
 Yes **If yes, please describe.*

4. Please indicate if any of the following professional assessments have been completed and attach copies of the reports:
 Autism Assessment
 Psycho-Educational Assessment
 Occupational Therapy Assessment
 Speech Language Pathologist Assessment
 Physiotherapist Assessment
 Audiology Assessment
 Other. Please describe: _____

5. Please describe the support services your child receives in his/her current setting:

SERVICES	YES (Start Date and Frequency)	NO
Education Assistant Support		
Occupational Therapy		
Physiotherapy		
Speech-Language Therapy		
Behaviour Consultant		
Teacher of the Deaf and Hard of Hearing		
Teacher of the Visually Impaired		
Other: _____		

6. Please provide any additional information that could assist us in knowing your child.

*****By signing this form, I declare that I have read and understand the information contained within it, and the information I have provided is correct and accurate. In addition, I give the administration of St. Paul School permission to contact all former schools, daycares and/or preschools that my child has attended. I acknowledge that failure to fully disclose information may result in the cancellation or delay of my child's registration.**

Parent/Guardian's Name (print) _____ Signature: _____

Parent/Guardian's Name (print) _____ Signature: _____

Date: _____

1870

Journal of [illegible]

[illegible text]

[illegible text]

[illegible text]

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[illegible text]

[illegible text]



FORM NO. 3 (OFFICE COPY)
STUDENT/S FULL NAME/S & GRADE/S
(PLEASE PRINT CLEARLY)

Family Statement of Commitment Policy 411

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 Christian Education Program and participate in the program as required by the school.
4. All students are expected to attend school on a regular basis and full participation in all aspects of the educational program of the school are required of every student. Each student is expected to strive toward the development of his/her full potential.
5. Each family is expected to support and participate in the fund-raising activities of the parish/school. In this way, each family shares in the responsibility of educating our students.
6. Each student is expected to know and follow school policies on behaviour, and each parent/guardian is expected to review these policies with their own child.
7. Parents/guardians are expected to support their student's educational program. Parents/guardians agree to consult with that teacher, Principal or other school staff member with respect to the student's educational program as required.
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 applicable (see Schedule A below), each parent/ guardian agrees to:
 - a Provide the school with complete and updated versions of any orders or agreements
 - i Affecting, restricting or prohibiting a parent/ guardian's ability to access the school or a student attending the school
 - ii Impacting a parent/ guardian's authority over decision making in relation to a student's education
 - iii Ensure that any updates to these orders are given to the school as they occur
 - b Minimize and void any disruption to the school associated with the implementation of those orders or agreements, and



General School Administration

Family Statement of Commitment – Annex A

Policy 411

c Comply with the terms of any orders or agreements

11. If any of these conditions are not met the school reserves the right to: refuse admission, or remove the student from the school, or take any other appropriate action in the circumstances.

Parents are asked to sign two copies of this Family Statement of Commitment. One copy is for the family's records and the other is to be submitted with the application.

I/we have read and understand the above expectations and commitments and I/we hereby accept them as stated.

Parent/Guardian
Name *(please print)*

Signature

Date:

Parent/Guardian
Name *(please print)*

Signature

Date:

Secondary School Students Only

Student Name
(please print)

Signature

Date:



FORM NO. 3 (OFFICE COPY)
STUDENT/S FULL NAME/S & GRADE/S
(PLEASE PRINT CLEARLY)

Family Statement of Commitment Policy 411

Rationale

“Because ‘promotion of the human person is the goal of the Catholic school,’ Catholic education goes beyond the technical and practical aspects of schooling to help students integrate every area of knowledge within a Christian vision of the human person. The school recognizes that the physical, emotional, moral and spiritual dimensions of human development must tend to a personal synthesis of faith and life in each student. Growth in these areas prepares students for a life of service, building the Kingdom of God in society.”

Pastoral Letter on Catholic Schools
Catholic Bishops of British Columbia
4 November 2016

Policy

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. 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

Please read Annex A carefully. It asks 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 attention of the Principal, Pastor or the Chairperson of the Education Committee who will gladly discuss them with you.

All families will be required to complete the Family Statement of Commitment attached. Both parents/guardians must sign this Statement of Commitment.

By returning the signed statement with your completed school application, you are confirming your agreement to comply with the commitments, and your understanding of the implications for failing to do so (as outlined in Annex A that forms part of this policy).

Reference Cross-reference Policy 403 – Application/Re-registration Elementary Policy 404 – Application/Re-registration Regional HS Policy 424 - Volunteers	Approved Board of Directors
	Date Approved November 1996
	Date(s) Revised 6 April 2010 5 June 2018



General School Administration

Family Statement of Commitment – Annex A

Policy 411

Schedule A

I _____, parent/guardian of _____, confirm that there is an order or agreement (check as appropriate):

- affecting, restricting, or prohibiting a parent/guardian's ability to access the school or a student
- attending the school
- impacting a parent/guardian's authority over decision making in relation to a student's education
- Other

Please provide details with respect to the order:

I also confirm that:

- I (we) have provided the school with complete versions of all orders.
- I (we) have provided the school with complete versions of all applicable agreements.
- I (we) have provided the school with complete versions of all updates to these orders and agreements.
- I (we) agree to provide the school with any new updates to these orders and agreements as they are determined and to follow up with the documents as they are made available.
- I (we) agree to comply with the terms of any orders or agreements
- I (we) agree to minimize and avoid any disruption to the school associated with the implementation of those orders or agreements



PLEASE KEEP THIS FOR YOUR RECORD
AND FOR FUTURE REFERENCE

Family Statement of Commitment Policy 411

Family Statement of Commitment

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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 Christian Education Program and participate in the program as required by the school.
4. All students are expected to attend school on a regular basis and full participation in all aspects of the educational program of the school are required of every student. Each student is expected to strive toward the development of his/her full potential.
5. Each family is expected to support and participate in the fund-raising activities of the parish/school. In this way, each family shares in the responsibility of educating our students.
6. Each student is expected to know and follow school policies on behaviour, and each parent/guardian is expected to review these policies with their own child.
7. Parents/guardians are expected to support their student's educational program. Parents/guardians agree to consult with that teacher, Principal or other school staff member with respect to the student's educational program as required.
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 applicable (see Schedule A below), each parent/ guardian agrees to:
 - a Provide the school with complete and updated versions of any orders or agreements
 - i Affecting, restricting or prohibiting a parent/ guardian's ability to access the school or a student attending the school
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 - iii Ensure that any updates to these orders are given to the school as they occur
 - b Minimize and void any disruption to the school associated with the implementation of those orders or agreements, and



General School Administration

Family Statement of Commitment – Annex A

Policy 411

c Comply with the terms of any orders or agreements

11. If any of these conditions are not met the school reserves the right to: refuse admission, or remove the student from the school, or take any other appropriate action in the circumstances.

Parents are asked to sign two copies of this Family Statement of Commitment. One copy is for the family's records and the other is to be submitted with the application.

I/we have read and understand the above expectations and commitments and I/we hereby accept them as stated.

Parent/Guardian
Name *(please print)*

Signature

Date:

Parent/Guardian
Name *(please print)*

Signature

Date:

Secondary School Students Only

Student Name
(please print)

Signature

Date:



PLEASE KEEP THIS FOR YOUR RECORD
AND FOR FUTURE REFERENCE

Family Statement of Commitment Policy 411

Rationale

“Because ‘promotion of the human person is the goal of the Catholic school,’ Catholic education goes beyond the technical and practical aspects of schooling to help students integrate every area of knowledge within a Christian vision of the human person. The school recognizes that the physical, emotional, moral and spiritual dimensions of human development must tend to a personal synthesis of faith and life in each student. Growth in these areas prepares students for a life of service, building the Kingdom of God in society.”

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Reference	Approved Board of Directors
	Date Approved November 1996
	Date(s) Revised 6 April 2010 5 June 2018
Cross-reference Policy 403 – Application/Re-registration Elementary Policy 404 – Application/Re-registration Regional HS Policy 424 - Volunteers	



General School Administration

Family Statement of Commitment – Annex A

Policy 411

Schedule A

I _____, parent/guardian of _____, confirm that there is an order or agreement (check as appropriate):

- affecting, restricting, or prohibiting a parent/guardian's ability to access the school or a student
- attending the school
- impacting a parent/guardian's authority over decision making in relation to a student's education
- Other

Please provide details with respect to the order:

I also confirm that:

- I (we) have provided the school with complete versions of all orders.
- I (we) have provided the school with complete versions of all applicable agreements.
- I (we) have provided the school with complete versions of all updates to these orders and agreements.
- I (we) agree to provide the school with any new updates to these orders and agreements as they are determined and to follow up with the documents as they are made available.
- I (we) agree to comply with the terms of any orders or agreements
- I (we) agree to minimize and avoid any disruption to the school associated with the implementation of those orders or agreements



ST. PAUL SCHOOL

FORM NO. 4

PERSONAL INFORMATION PRIVACY POLICY FOR PARENTS AND STUDENTS School Year 2025-2026

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 Griffin, 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, Seesaw 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 school website and on school social media platforms such as Instagram? 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: _____

(Attached 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

Parent Participation Form July 2025 - June 2026

(Please fill out all pertinent information requested.)



Father's Name: _____

Mother's Name: _____

Father's Occupation: _____

Mother's Occupation: _____

Father's Employer: _____

Mother's Employer: _____

Valid Email: _____

Valid Email: _____

Child's Name: _____

Grade: _____

Fill out 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.

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 "**2025-2026 Bingo Team Schedule**" is attached for your reference.

FIRST: Indicate your choice of team (MUST indicate 3 choices as 1, 2, 3)

_____ **Team A:** (2025) Oct 2, 9, 16, 23, 30 Dec 4, 11, 18 (2026) Apr 9, 16, 23, 30

_____ **Team B:** (2025) Sept 4, 11, 18, 25 Dec 18 (2026) Jan 8, 15, 22, 29 Mar 5, 12, 19, 26

_____ **Team C:** (2025) Aug 7, 14, 21, 28 (2026) Feb 5, 12, 19, 26 Jun 4, 11, 18, 25

_____ **Team D:** (2025) Jul 3, 10, 17, 24, 31 Nov 6, 13, 20, 27 (2026) May 7, 14, 21, 28

SECOND: Indicate your choice of shift from any options below (MUST indicate 3 choices as 1, 2, 3)

WEEKLY 4 HOURS SHIFT (on Thursday up to 13 shifts in one Team)

TIME SLOTS OPTIONS:

_____ 4:00PM – 8:00PM

_____ 4:30PM - 8:30PM

_____ 5:00PM - 9:00PM

_____ 5:45PM / 6PM – CLOSE

WEEKLY 2 HOURS SHIFT (on Thursday for up to 26 shifts in Team A&C or Team B&D)

TIME SLOTS OPTIONS:

_____ 1:00PM - 3:00PM

_____ 3:00PM - 5:00PM

WEEKLY 1 HOUR SHIFT (every Thursday for all Teams)

TIME SLOTS OPTION:

_____ 9:45PM – 10:45PM (Late Clean Up)

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 have 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 that the payment in lieu of Parent Participation is \$2500 for each school year. This is payable upon acceptance to the school.

St. Paul School



2025-2026 BINGO TEAM WORK DATES

1	July 3, 2025	D	27	January 1, 2026	NO BINGO
2	July 10, 2025	D	28	January 8, 2026	B
3	July 17, 2025	D	29	January 15, 2026	B
4	July 24, 2025	D	30	January 22, 2026	B
5	July 31, 2025	D	31	January 29, 2026	B
6	August 7, 2025	C	32	February 5, 2026	C
7	August 14, 2025	C	33	February 12, 2026	C
8	August 21, 2025	C	34	February 19, 2026	C
9	August 28, 2025	C	35	February 26, 2026	C
10	September 4, 2025	B	36	March 5, 2026	B
11	September 11, 2025	B	37	March 12, 2026	B
12	September 18, 2025	B	38	March 19, 2026	B
13	September 25, 2025	B	39	March 26, 2026	B
14	October 2, 2025	A	40	April 2, 2026	NO BINGO
15	October 9, 2025	A	41	April 9, 2026	A
16	October 16, 2025	A	42	April 16, 2026	A
17	October 23, 2025	A	43	April 23, 2026	A
18	October 30, 2025	A	44	April 30, 2026	A
19	November 6, 2025	D	45	May 7, 2026	D
20	November 13, 2025	D	46	May 14, 2026	D
21	November 20, 2025	D	47	May 21, 2026	D
22	November 27, 2025	D	48	May 28, 2026	D
23	December 4, 2025	A	49	June 4, 2026	C
24	December 11, 2025	A	50	June 11, 2026	C
25	December 18, 2025	A&B	51	June 18, 2026	C
26	December 25, 2025	NO BINGO	52	June 25, 2026	C

SHIFT SWITCHING PROCEDURE

updated 11/2024

- 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 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 weeks

ST. PAUL SCHOOL
PASTOR AUTHORIZATION FORM
2025-2026



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. _____

Parish On-line Giving

List children's names:

Grade – September 2025

NON-CATHOLIC FAMILIES:

We do not belong to a Catholic Parish. _____

Parent Name & Signature

PASTOR'S AUTHORIZATION

(For Official Use Only)

This section is to be signed by the pastor of St. Paul Parish.

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 _____

