



ST. MICHAEL'S CATHOLIC SCHOOL REGISTRATION FORM
1329 Fourth Avenue
Trail, B.C. V1R 1S3
PHONE NO. 368-6151/ FAX 368-9962

(Please Print)

Entering Grade: _____ Entering Date: Day _____ Month _____ Year _____

Today's date _____ DATE RETURNED TO OFFICE _____

Child's Name _____
 (Legal Surname) (First name) (Middle name)

First name by which the child is called _____ Male _____ Female _____

Child's Care Card Number _____ (Please **present Care Card** when registering)

Date of Birth: Day _____ Month _____ Year _____ (Please **present Birth Certificate** when registering)

Child's place of birth: _____

Primary language spoken in the home _____

Father's name in full _____ Religion _____
 (State if deceased or separated)

Mother's name in full _____ Religion _____
 (State if deceased or separated)

Citizenship of Parents:

MOTHER: Canadian Landed Immigrant Other _____

FATHER: Canadian Landed Immigrant Other _____

Home address (Apt. No.) _____ Street _____ Box _____

City _____ Postal Code _____ HOME Phone no. _____

Mother's Cell no. _____ Father's Cell no. _____

Mother's Work no. _____ Father's Work no. _____

GUARDIAN'S NAME IF DIFFERENT FROM ABOVE _____
 (Surname) (Christian Names)

Name and Address of School Child last attended

School _____ Address _____

Has the child any known Medical Problems? (Hearing, eyesight, heart, allergies, etc.)

Has the child ever experienced Learning Problems?

Family Doctor _____ Telephone Number _____

Person other than parents who may be called in case of an emergency

Name _____ Relationship _____

Address _____ Telephone Number _____

Name _____ Relationship _____

Address _____ Telephone Number _____

General remarks of interest to the teacher and the school _____

Saint Michael's 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 this school, unless written authorization from a parent or legal guardian is provided to the school. The school will securely store all digital and hard copy parent and student personal information.



Parishioner or Non-parishioner

Please indicate if you are a parishioner or non-parishioner by filling out the form below.
Thank you.

A parishioner is defined as a Catholic who

- is registered in one of the four supporting parishes (Sacred Heart, St. Rita's – Trail or Castlegar, St. Francis/St. Anthony, or OLPH Churches)
- regularly attends the Sunday liturgy
- contributes financially to their parish

A non-parishioner is defined as a non-Catholic or as a Catholic who does not meet the above criteria.

I, _____, am a parishioner of _____.

OR

I, _____, am not a parishioner of one the supporting parishes.

Signature	Date
-----------	------

Parish where family practices their Faith (The name of the Church)

Date of Baptism _____ (Please **bring Baptismal Certificate** when registering.)

Name of Church & City _____

Signature of Parent or Guardian _____

I am aware of the above registration. Signature of Pastor _____

****Please bring a photocopy of child's Birth Certificate, Care Card, and Baptismal Certificate. ****
****Please bring your child's Health Passport in September for copying. ****

*****Please attach cheque for one month's tuition (NON-REFUNDABLE) to be applied to September tuition statement. Thank you.***

Tuition Schedule 2009 - 2010

<u>Kindergarten</u>		<u>Grades 1 - 7</u>	
<u>Parishioners:</u>		<u>Parishioner:</u>	
Individual Child	\$105/month	Individual Child	\$160/month
		*Family	\$235/month
<u>Non-Parishioners:</u>		<u>Non-Parishioners:</u>	
Individual Child	\$135/month	Individual Child	\$235/month
		*Family	\$335/month
<i>*Please note that a Family Rate is for 2 or more students in the same family.</i>			
<u>Volunteer Fee:</u>	\$300.00 (Per family)		
<u>Computer Fee:</u>	\$15.00 (Per student)		
<u>Performance Fee:</u>	\$9.00 (Per student)		
<u>Workbook Fee:</u>	\$25.00 (Per student)		
<u>Band:</u>	\$20.00 (Gr. 6 & 7 -- Per student)		
<u>*Bus Fees:</u>	\$30.00 (Per student -- Per month)		
<i>(*to a maximum of \$50.00 per month per family*)</i>			



ST. MICHAEL'S CATHOLIC SCHOOL
1329 Fourth Avenue
Trail, B.C. V1R 1S3
PHONE NO. 368-6151/ FAX 368-9962

STUDENT HEALTH QUESTIONNAIRE

Student's name: _____ Birth date: _____
 Teacher: _____ Grade: _____
 Parents/Guardian:
 Mother's name: _____ Phone: Home _____ Work _____
 Father's name: _____ Phone: Home _____ Work _____

1. Does your child have a physician diagnosed potentially life-threatening condition such as:

	YES	NO
a) Diabetes	_____	_____
b) Epilepsy with history of seizures in the past 2 years	_____	_____
c) Severe allergic reaction.....		
1) to food needing adrenalin or hospitalization	_____	_____
2) to insect stings	_____	_____
d) Severe asthma needing immediate medical treatment or medication to prevent an emergency	_____	_____
e) Blood clotting disorder (e.g. haemophilia) which require immediate medical care	_____	_____
f) Any other condition(s) which may require emergency care at School? If yes, please describe:	_____	_____

2. Does your child need to take medication on a continuing basis while at school?	_____	_____
3. Does your child need assistance or supervision taking his/her medication?	_____	_____
4. Will your child need emergency medication for an allergic reaction or other medical condition?	_____	_____

Parent/Legal Guardian Signature

Date



St. Michael's Catholic Elementary School
"Seek and Live the Truth"

Denise Nowicki
Principal

Acceptable Use Policy

We are pleased to offer students of St. Michael's School access to the school's computer network for the Internet. To gain access to the Internet all students must obtain parental permission and must sign and return to school.

The purpose of the Internet and the Network at St. Michael's School is to support research and learning. Students and staff may need to work independently on the network or the Internet for these purposes. Access to sites, materials, software that is considered defamatory, inaccurate, abusive, obscene, profane, sexually oriented, threatening, racially offensive, or illegal is strictly forbidden. Filtering practices are in place but cannot always be 100% effective. The staff of St. Michael's School will continue to monitor the activities of the 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. Michael's Computers will always be private. The administration can access all files and monitor them as necessary.

Students, staff, and parents of St. Michael's School understand that the following infractions will result in disciplinary measures.

- Damaging computers, computer systems, software, peripherals or computer networks.
- Trespassing in another person's folders, work or files.
- Violating Internet protocols.
- Accessing e-mail, chat groups or news groups without permission of the teacher or administration.
- Accessing prohibited materials
- Using obscene language
- Sending or displaying offensive messages or pictures.
- Harassing, insulting or attacking others.
- Violating copyright laws.
- Intentionally wasting limited resources.
- Employing the network for commercial purposes.

(Please sign the consent form below as this consent form will be use for all the years your child(ren) are enrolled in St. Michael's School.)

I have read the acceptable use policy for St. Michael's School and have reviewed it with my child(ren).

Please Print

Child's Name: _____

Grade: _____

Child's Name: _____

Grade: _____

Child's Name: _____

Grade: _____

Child's Name: _____

Grade: _____

Parent's Signature: _____

Date: _____



St. Michael's School
"Seek and Live the Truth"
 1329 Fourth Avenue, Trail, BC, V1R 1S3
 Phone: (250) 368-6151 Fax: (250) 368-9962

Denise Nowicki, Principal

Dear Parent/Guardian:

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 where 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, home address and phone number, as well as the child's name and grade available to school council personnel and the PTA. Your personal information will not be disclosed to anyone for business or commercial purposes. **Please sign the statement below to indicate your wishes. This consent form will be used for all the years your child (ren) are enrolled in St. Michael's School.**

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

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

Signature: _____ **Date:** _____

(Please print your child's name.)

Student's Name: _____	Grade: _____
Student's Name: _____	Grade: _____
Student's Name: _____	Grade: _____

2. 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, sports and cultural events taking place in the school. While photographs add to the community life of our school, they are not required for education purposes. Students' names, photographs and comments may be published in the school newsletter, yearbook and, on occasion, the school's annual report, or in the news media. **Please sign the statement below. This consent form will be used for all the years your child(ren) are enrolled in St. Michael's School.**

Yes, I permit my child to be involved in such coverage, consistent with the above.

No, I do not permit my child to be involved in such coverage, consistent with the above.

Signature: _____ **Date:** _____

(Please print your child's name.)

Student's Name: _____	Grade: _____
Student's Name: _____	Grade: _____
Student's Name: _____	Grade: _____
Student's Name: _____	Grade: _____
Student's Name: _____	Grade: _____



St. Michael's School
"Seek and Live the Truth"
 1329 Fourth Avenue, Trail, BC, V1R 1S3
 Phone: (250) 368-6151 Fax: (250) 368-9962

Denise Nowicki, Principal

Dear Parents and Guardians:

This form is being sent to all parents/guardians of children in the school. It is a general waiver to grant St. Michael's School permission to have your child participate in "neighborhood walks" and activities within walking distance of the school. These will usually consist of short nature walks in the area, walks down to the regional library, walks to OLPH, walks to the Charles Bailey Theatre, etc.

Anytime a field trip is planned that would require transportation in any motorized vehicle, you will receive a separate waiver form for each event. Thank you for your support and cooperation! **(Please sign the consent form below as this consent form will be used for all the years your child(ren) are enrolled in St. Michael's School.)**

I, _____ give *(Please print your child's name.)*
 (Parent or Guardian's Name)

permission for _____ Grade _____
 (Child's Name)

permission for _____ Grade _____
 (Child's Name)

permission for _____ Grade _____
 (Child's Name)

permission for _____ Grade _____
 (Child's Name)

to participate in "Neighborhood Walks" when planned by and supervised through the school.

(Date)

(Parent or Guardian's Signature)



St. Michael's Catholic Elementary School
"Seek and Live the Truth"

Denise Nowicki
Principal

Bus Pass Order Form

My child/children will need to take the bus to and from school this year and will need a bus pass.

I understand that St. Michael's School will issue a bus pass to my child/children and that I will be billed \$30.00 per child to a maximum of \$50.00 per family for this service every month. *Please note by your child's name if your family has an employee bus pass. Thank you.*

Please Print

Child's Name: _____ **Grade:** _____

Child's Name: _____ **Grade:** _____

Child's Name: _____ **Grade:** _____

Child's Name: _____ **Grade:** _____

Child's Name: _____ **Grade:** _____

Please circle the community where you reside:

- | | | | | |
|-------------|-----------|-----------|----------------|---------------|
| Sunningdale | Tadanac | Rivervale | Oasis | Genelle |
| Blueberry | Castlegar | Warfield | Rossland | Trail |
| Glenmerry | Montrose | Fruitvale | Shaver's Bench | Miral Heights |

Parent's Signature: _____