



ISLAND CATHOLIC SCHOOLS

"Where children love to learn, and learn to love"

STUDENT APPLICATION FORM

Island Catholic Schools
250.727.6893

www.cisdv.bc.ca

(Fillable electronic version on website)

SCHOOL

(Please check 1st and 2nd choice if elementary)

6 W \$ Q G U H Z ¶ V 5 H J L R Q D O + L J K 6 F K R R O

6 W - R ¶ V

6 W 3 D W U L F N ¶ V (O H P H Q W D U \

Queen of Angels, Duncan

St. John Paul II, Port Alberni

Candidate Information

6 W X G H Q W ¶ V 1 D P H _____ ' M ' F

Surname

Given Name(s)

Date of Birth: _____ Birthplace: _____ Religion: _____ Parish: _____

dd/mm/year

Street Address: _____ Student Phone #: _____

Mailing Address: _____ Postal Code: _____

School year applying for: _____ Requested Grade: _____

Siblings

Name: _____ Age: _____ School Attending: _____
 Name: _____ Age: _____ School Attending: _____
 Name: _____ Age: _____ School Attending: _____

For siblings attending elsewhere, are you interested in moving them to an ICS school? H V ' 1 R '

Parish Information

Mother-Parish and Religion: _____ Father-Parish and Religion: _____

Sacraments received by student: (Place and Date)

Baptism: _____ Reconciliation: _____

Confirmation: _____ First Communion: _____

Are you claiming the Roman Catholic parish supporter rate? Yes ' No '

Practicing Catholic Tuition Rate Request Form attached? Yes ' No '

Medical Alert

1. SCHOOL ATTENDED List the last three schools, starting with most recent.

SCHOOL	LOCATION	DATE OF ATTENDANCE	HOMEROOM TEACHER OR GRADE COUNSELOR

2. Please include with this application a copy of the most recent progress report issued by the school presently attending.

*If answering YES to any questions below, please explain and submit relevant academic/health services reports for your application to be complete

3. In order to provide the necessary support for each student, it is important that the school have a full
 X Q G H U V W D Q G L Q J R I H W K H M W X G H O W S Y Q I H G V
 ' 3 V \ F I K ' 6 S Sch and Language ' 2 F F X S D T W R Q D O 3 K \ V L R W K H U D S \\
 ' % H K D Y L R X U M O Mental Health ' 2 W K H U

If yes, please include a copy of the assessment and/or reports with this application and provide details:

4.

d. If your child is unable to participate in a full physical education program, please explain why not:

8. For Kindergarten Applicants only:

Has your child had any services through Supportive Child Development? Yes No

If yes, please have a caregiver fill out Appendix B and submit it with this application form.

Legal Residency of Parent

Legal Residency of Parent - Form A

To be c-21(l(e)-5(c)-5(h)50(i)0.00000912 0 612 792 reW* nBT/F1 12 Tf1 0 0 1 400.6 634.08 Tm282G[F]11(o be)-5(c)-0.00

2. 7 KH VWXGH QWGH FIDVH a resident of British Columbia (please check one):

Yes

Residency Address: _____

