# Immaculata Regional High School

1493 K.L.O. Road, Kelowna, B.C. V1W 3N8

Immaculata Regional High School is an independent Catholic school. Please forward this application and all required materials. All new applicants must have an interview with the Principal and final acceptance is determined at the School Council level (Students from St. Joseph Elementary and OLOL exempt).

Student's Name _____ Boy _____ Girl _____
Surname First Middle

Address _____ Postal Code _____

Age _____ Grade going into _____ Date of Birth _____
Day Month Year

Birthplace _____ Language spoken at home _____

Year of Baptism _____ Year of 1st Communion _____ Year of Confirmation _____

Father's Name

_____
Surname First Middle

Address _____
Street City

Country _____ Postal Code_____

Religion _____ Parish _____

Occupation _____

Home Phone _____

Business Phone _____

E-mail Address _____

Mother's Name

_____
Surname First Middle

Address _____
Street City

Country _____ Postal Code_____

Religion _____ Parish_____

Occupation _____

Home Phone _____

Business Phone _____

E-mail Address _____

Canadian Home Stay Information:

Father:_____ Mother:_____
Surname First Middle Surname First Middle

Address _____ City_____ Postal Code_____

Home Phone:_____ Work Phone_____ Email_____

Emergency Contact:_____ Phone_____

I hereby certify that the above information is correct. I, _____ hereby agree to support the school rules and regulations laid down by the Kelowna Catholic Public School Council, the Principal and Staff of Immaculata Regional High School, as long as my child remains a pupil there.

_____ _____
Parent Signature Student Signature

TUITION FEE SCHEDULE

2011-2012 School Year

**ST. JOSEPH ELEMENTARY AND IMMACULATA REGIONAL HIGH SCHOOLS**

**CATEGORY I – STANDARD TUITION FOR BRITISH COLUMBIA RESIDENTS**

| | **ST. JOSEPH ELEMENTARY** | **IMMACULATA HIGH** |
|---|---|---|
| 1st student(oldest) | $475/mo for 10 months | $520/mo for 10 months |
| 2nd student | $315/mo for 10 months | $335/mo for 10 months |
| 3rd student | $195/mo for 10 months | $220/mo for 10 months |
| Kindergarten | $475/mo for 10 months | |
| Maximum | $985/mo for 10 months | $1,075/mo for 10 months |

**CATEGORY II - CONTRIBUTING MEMBER OF A CATHOLIC PARISH**

| | **ST. JOSEPH ELEMENTARY** | **IMMACULATA HIGH** |
|---|---|---|
| 1st student (oldest) | $270/mo for 10 months | $285/mo for 10 months |
| 2nd student | $170/mo for 10 months | $185/mo for 10 months |
| 3rd student | $105/mo for 10 months | $115/mo for 10 months |
| Kindergarten | $270/mo for 10 months | |
| Maximum | $545/mo for 10 months | $585/mo for 10 months |

The Catholic Parishes in the Kelowna area subsidize the Catholic school system. Since active members of these parishes contribute to the schools through church contributions, reduced tuition is charged but must be applied for.

**CATEGORY III – INTERNATIONAL AND OUT OF PROVINCE STUDENTS**
**PREPAID UPON REGISTRATION**

**ST. JOSEPH AND IMMACULATA:** $13,700 for full year (10 months)

This tuition level reflects the cost of educating a student in the Central Okanagan. Government funding is available only for students who are Canadian citizens or landed immigrants, whose parent or legal guardians are residents of British Columbia. The total amount must be pre-paid to secure registration and to qualify for a student visa to study in British Columbia.

**CATEGORY IV – OTHER CANADIAN STUDENTS FUNDED FEDERALLY**

**Equivalent of current provincial funding plus tuition fees applicable to Category I or Category II funding as appropriate.**

TUITION FEES ARE PAYABLE BY ONE OF TWO OPTIONS:

1. Pre-authorized payment established for monthly withdrawals for 10 months.
2. Prepayment in full prior to September 14th

The first month's tuition for **all** families is payable by automatic debit, cash or cheque on July 6th. Automatic debit or total prepayment applies for remaining months (October – June).
One of the above methods of payment must be submitted with the registration forms.

CHEQUES ARE PAYABLE TO KELOWNA CATHOLIC INDEPENDENT SCHOOL COUNCIL. New families to our schools are required to pay the first month's tuition fee and the $125 participation fee upon registration. The first month's tuition is non-refundable should the student not attend.

**Any family who has prepaid tuitions and received a Charitable Donation Receipt, and subsequently withdraws, is not eligible for <u>any</u> tuition refund.**

# *Immaculata Regional High School*
## *1493 KLO Road, Kelowna, B.C. V1W 3N8*

**Used by Independent Schools for parents and students as they pertain to the PIPA legislation. (January 2004)**

**Name** _____

I consent to having **Immaculata Regional High School** collect personal information that may include student identification information, birth certificate, legal guardianship, court orders if applicable, parents' work 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.

I further consent to the use and disclosure of information contained in this form and otherwise collected by or on behalf of **Immaculata Regional High School** (1) for the purpose of establishing, maintaining, and terminating the student's or parent's relationship with **Immaculata Regional High School**, (2) for additional purposes identified when or before personal information is collected, and (3) as otherwise provided in **Immaculata Regional High School's** Personal Information Privacy Policy, a copy of which is available on request. I also consent to the collection, use and disclosure of such personal information by and to agents, contractors and service providers of **Immaculata Regional High School**.

*This information is required in order to register your child at this school and assist the school authority 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 officer for* ***Immaculata Regional High School*** *is the* ***school principal*** *and may be reached at 762-2730.*

Signature: _____ Date: _____

It is the tradition in the school to allow staff, parents, and media to photograph individual students and groups of students for promotional material, to commemorate events, and to promote various educational, sports, and cultural events taking place in the school. While these add to the community life of the school, they are not required for educational purposes. Students' names, photographs and comments may be published on the school newsletter, school reports or in the news media. I permit the publication of my child's name, photograph and comments for the purposes consistent with the above.

Signature: _____ Date: _____

The school prepares class phone lists at each grade level to be used by school personnel for various school purposes. We sometimes have parents involved in phoning to fan out information for school purposes. I consent to our address and phone number being on the school phone lists.

Signature: _____ Date: _____

**Release and Storage of Parent Personal Information**

**Immaculata Regional High 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 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.

Signature:_____ (John P. Campbell)
Title: Principal Phone: (250)762-2730

**MEDICAL ALERT INFORMATION QUESTIONNAIRE**
**for Senior Secondary Students**

**STUDENT NAME:** _____ _____ _____
First Last Date of Birth

**SCHOOL ATTENDED:** _____
(Please Print)

Students identifying any of the following emergency health conditions will be contacted in private by the public health nurse for specific information.

Indicate with a check mark ( √ ):

**Emergency Conditions**

1) Diabetes
2) Epilepsy
3) Heart Disease
4) Haemophilia
5) Seizure
6) Severe Allergies to _____

Causing symptoms such as:
__ Hives
__ Difficulty breathing
__ Swelling
__ Throat tightness/closing
__ Fainting/loss of consciousness
Specify others _____
_____

Have you ever required emergency care in a hospital for a severe allergic reaction?
___ yes ___ no

**Severe Asthma causing:**
__ Extreme difficulty breathing
__ Uncontrollable coughing
__ Wheezing not relieved with medication

**Non-Emergency Conditions**

__ Mild Allergies (controlled with medication)
__ Anorexia
__ Mild Asthma (controlled with medication)
__ Cancer
__ Depression (treated with medication)
__ Dyslexia
__ Migraine Headache
__ Narcolepsy
__ Medication allergy eg. Antibiotics
__ Schizophrenia
__ Lupus
__ Hyperactive condition (treated with Ritalin)
__ Aggressive condition
__ Hearing impaired
__ Visually impaired
__ Physical disability
__ Physical disability
__ Specify others _____

____

Your public health nurse may be contacted at: Kelowna (250)868-7700
Rutland (250)861-7388
Westbank (250)768-7646