



# 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](http://www.cisdv.bc.ca)

(Fillable electronic version on website)

SCHOOL

(Please check 1<sup>st</sup> and 2<sup>nd</sup> choice if elementary)

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Queen of Angels, Duncan

St. John Paul II, Port Alberni

Candidate Information

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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  
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 ' 3 V \ F I K ' 6 S Sch and Language ' 2 F F X S D M 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:

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4.

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

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8. For Kindergarten Applicants only:

Has your child had any services through Supportive Child Development? < H V 1 R '

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

Legal Residency of Parent

Legal Residency of Parents - Form A

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

Yes

Residency Address: \_\_\_\_\_

