



# 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)

Elementary

Queen of Angels, Duncan  
St. John Paul II, Port Alberni

**Candidate Information**

\_\_\_\_\_ 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?**

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

Has your child ever had any of the following assessments?

- ed
- eech and Language
- Mental Health
- Therapy

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?

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. \_\_\_\_\_d parent was at time of death a resident of British Columbia (please check one):

Yes

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

