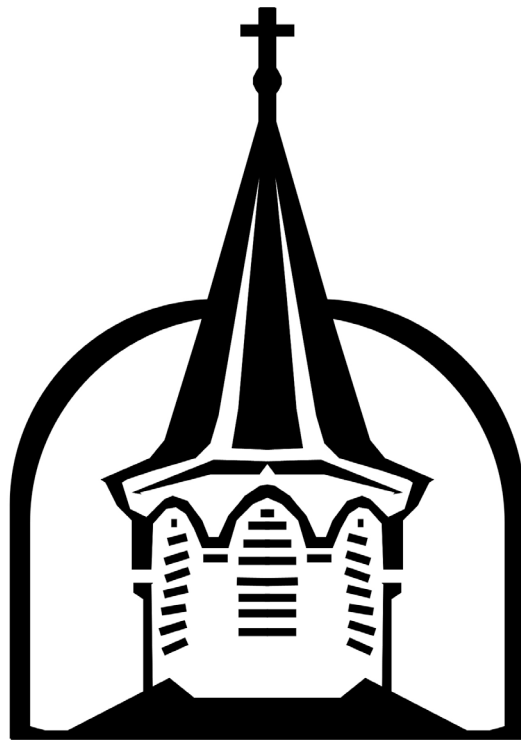


St. Edmund's Elementary School

535 Mahon Avenue
North Vancouver BC V7M 2R7 CANADA
Website – www.stedmunds.ca
Telephone Int'l + 1-604-988-7364
Fax Int'l + 1-604-988-7350



Application for Registration
International Students
2021/2022

Welcome to St. Edmund's Elementary School

St. Edmund's School is the oldest Catholic School on the North Shore, having opened in 1911. At St. Edmund's Elementary, we want to ensure that your child's school experience is a happy one. We will be diligent in creating a Christ-centred environment that stimulates personal development, stresses academic achievement, and offers students a well-rounded extra-curricular program.

Our school provides instruction in the following areas: Language Arts, Mathematics, Science, Social Studies, French, Technology, Library Skills, Physical Education, and Religion. The government-mandated Health and Personal Planning Course is integrated into our religion program, so those outcomes are taught from a Catholic perspective. Our Fine Arts program includes Music, Art, and (at the intermediate level) Drama.

A well-rounded extra-curricular program is a crucial element in a balanced education. At St. Edmund's, the extra-curricular program focuses on Fine Arts and Athletics. In the area of Fine Arts, students have the opportunity to join the school choir, speech arts, or the after school art club. The school choir is curricular for Grades 1 and 2, and extra-curricular for grades 3 to 7.

As a Catholic school, St. Edmund's Elementary shares in the mission of the Catholic Church to proclaim and build the Kingdom of God. As a faith community, we are committed to excellence in Catholicity and in all areas that promote the development of the whole child to his or her full potential. Our focus is to develop Christian leaders, responsible citizens, and life-long learners.

Our school is located in North Vancouver, in Lower Lonsdale and close to the water. It is a small, intimate, multicultural community where everyone knows everyone. At St Edmund's we are fortunate to have students from many varied backgrounds. We appreciate the contribution International Students can bring to our school. Thank you for considering St. Edmund's Elementary School for your child's education.

Diana Silva
Principal



**St. Edmund's
ELEMENTARY SCHOOL**

535 Mahon Ave, North Vancouver, British Columbia V7M 2R7
Tel (604) 988-7364 • Fax: (604) 988-7350

Application for International Students

International Students may apply as a:

1. Full time, long term International Student for a full school year

St. Edmund's School offers a fully accredited Kindergarten to Grade 7 curriculum as defined by the Ministry of Education of the Province of British Columbia and the Catholic Independent Schools of the Vancouver Archdiocese.

To apply for admission to St. Edmund's International Students must submit the following:

1. Application form completed and signed by parent
Please note: Submitting this form does not indicate acceptance at St. Edmund's.
2. Signed statement of commitment
3. Entrance Fee \$120 (non-refundable)
4. Report Card / Transcript of last grade attended translated into English
5. Birth Certificate
6. Current passport
7. Affidavit for Canadian Guardianship / Custodianship papers
8. Proof of medical insurance
9. Student Visa / Study Permit if already residing in Canada (please read below)

If your application is accepted, an acceptance letter will be sent to the applicant. The applicant should use this letter when applying for a Student Visa at the nearest Canadian Immigration Office (this process can take 6-8 weeks). A copy of the Student Visa must be sent to St. Edmund's School as soon as it is received.

Additional details are included in the package. Please contact us if you have any questions about our school. We look forward to providing your son or daughter with a quality and enjoyable education. Thank you for your interest in St. Edmund's Elementary.

Ms. Diana Silva - Principal
St. Edmund's Elementary School
535 Mahon Avenue
North Vancouver BC V7M 2R7
Phone: 604-988-7364
FAX: 604-988-7350
Email: office@stedmunds.ca
Web Site: www.stedmunds.ca



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Details and Conditions for International Students

1. International Students

International Students are accepted for a year of regular study. They will be enrolled in a class and participate in the regular instruction.

The Prerequisites are: a \$120 Application fee, proof of a current passport, a study permit, medical insurance, and custodianship papers. Please see the checklist in the first section for complete details.

Conditions:

While attending St. Edmund's School, International Students must be legally present in Canada. All students must have a valid Study Permit, as well as a parent or custodian who will make decisions regarding their well being while they attend St. Edmund's Elementary. While in Canada students must maintain private medical insurance provided through an agency approved by the school. It is the responsibility of the sponsoring agency or parents to ensure these conditions are met.

Tuition fees are based on the school year 2021-2022 and are subject to change.

INTERNATIONAL STUDENT FEES (2020–2021)

Fee Category	Due Date	Amount (all funds in Canadian dollars)
1. Application Fee (non-refundable)	Payable upon acceptance	\$120 per annum
2. Tuition Fees	Payable by September 1 st , 2021	\$1,450 per month
3. Activity fee (non-refundable)	Payable upon acceptance.	Kinder – Grade 3 \$130 per child per annum. Grade 4 – Grade 7 \$145 per child per annum

Please note:

- The fees represented above do not include the cost of required school uniforms, "gym strip" (physical education class uniforms) or activity fees.
- "Outdoor School", an exceptional activity for students that occurs either in Grade 6 or in Grade 7, depending on the year, has a separate fee, \$450.00 payable directly to the School. More information is available about Outdoor School for parents with children in the relevant grades.

These and other fees/costs must be paid by the family directly in Canada.



**St. Edmund's
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Refund Policy:

In the event a student does not come to Canada or decides to leave St. Edmund's School for personal reasons, a refund request must be made in writing. The following refund policies will apply to all students.

1. Full refund, less the \$120 application and activity fee, if the student is not approved for a study permit by Canadian Immigration. The student must include a letter of rejection from the High Commission.
2. No refund of any fees once the student receives a study permit with a St. Edmund's School Letter of Acceptance.
3. No refund of any fees if the student is found to be in violation of school rules.
4. A student who receives Landed Immigrant Status mid year (October – June) will still be subject to the international student fee structure for the remainder of the school year.

We hereby agree to the Terms and Conditions as outlined in this document. We also agree to abide by the policies and guidelines of St. Edmund's School and to abide by the signed Statement of Commitment.

Parent Signature

Date



**St. Edmund's
ELEMENTARY SCHOOL**

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2R7
Tel (604) 988-7364 • Fax: (604) 988-7350

PARENT / GUARDIAN STATEMENT OF COMMITMENT

SCHOOL COPY

Family Name: _____

PHILOSOPHY

“Motivated by a Christ-centred vision of humanity and human history, our school promotes the formation of the whole person. Such formation embraces not only intellectual, but also physical, emotional, moral and spiritual dimensions of human growth. Intellect, emotions, creative ability and cultural heritage have a place in the life of the school. Human knowledge and skills are recognized as precious in themselves, but find their deepest meaning in God’s plan for creation.” From **PHILOSOPHY OF EDUCATION FOR CATHOLIC SCHOOLS IN THE PROVINCE OF B.C.** by Catholic Bishops of B.C.

Partners (home, school, parish) in Catholic Education must work together to provide an environment where faith and learning go hand in hand leading young people to be the best they can be.

The following statements support the goals and philosophy of our Catholic school and need to be accepted and supported by all members of the community. **Read them carefully. They ask you to make a commitment to the values and ideals of our school community.** If you have any questions or concerns regarding this commitment form, please bring them to the Principal, Pastor or the Chairperson of the Parish Education Committee who will gladly discuss them with you.

By returning the signed statement with your completed application, you accept the responsibility of this commitment.

- a) Parents and guardians agree that they and their families will exhibit conduct consistent with Catholic denominational standards. The determination of whether any conduct contravenes these standards is the right of the Board of Directors of the Catholic Independent Schools of Vancouver Archdiocese
- b) All students are required to participate in our religious education curricular and co-curricular programs including liturgical celebrations, retreats, prayer, etc.
- c) Parent/Guardians are expected to support the Religious Education Program and participate in it as required (i.e.: Grade 7 students will participate in Sunday Mass and write a journal as part of the Grade 7 Confirmation program). **All** students will participate in school Masses.

- d) Regular school attendance and full participation in all aspects of the academic program of the school are required of every student. Each student is expected to strive toward the development of his/her full academic potential.
- e) **Each family is expected to support and participate in the fund-raising activities of the parish/school. This means each family shares in the responsibility of educating our Catholic children.**
- f) Each student is expected to know and follow school policies on behaviour.
- g) Parents/Guardians are expected to know and support school policy and procedures.
- h) **Parents/Guardians are expected to attend the Meet The Teacher Night and the Annual General Meeting, which will focus on the philosophy and goals of our school. Attendance at both of these meetings is mandatory for at least one parent / guardian.**
- i) Parents/Guardians agree to accept the responsibility for the cost of tuition, supplies and other school activities.
- j) If any of these conditions are not met the school reserves the right to: refuse admission, or remove the student from the school.
- k) **Please sign both copies. Keep one and return the other with your application.**

Please sign and return with your school registration.

I have read and understand the above expectations and commitments and I hereby accept them as stated.

Parent/Guardian's Signature

Date

RETURN THIS COPY TO THE SCHOOL WITH YOUR REGISTRATION PACKAGE



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ELEMENTARY SCHOOL**

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PARENT / GUARDIAN STATEMENT OF COMMITMENT

FAMILY COPY – please retain for your records

Family Name: _____

PHILOSOPHY

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Parent/Guardian's Signature

Date

RETAIN THIS COPY FOR YOUR RECORDS!



Saint Edmund's Elementary School

535 Mahon Avenue • North Vancouver • B C V7M 2R7 • Tel: (604) 988-7364 • Fax (604) 988-7350

Please check if included	REQUIRED FORMS / DOCUMENTS for INTERNATIONAL STUDENTS <i>(Please make sure you complete and sign all forms.)</i>	
<input type="checkbox"/>	1. Application Form	Make sure all required information is correct and complete
<input type="checkbox"/>	2. Documents <ul style="list-style-type: none"> • Recent Report Card / Transcript <i>(must be translated)</i> • Birth Certificate • Passport • Baptismal Certificate (if applicable) • Immunization Record • Proof of Medical Insurance enrollment • Visa Documents (if available) 	Original Documents must be presented. We will make copies of originals.
<input type="checkbox"/>	3. Family Statement of Commitment Form (Both Copies)	Please keep one copy on file
<input type="checkbox"/>	4. Parental / Custodianship Form	Please include documentation for Custodianship if the child is not living with a parent

Please check if included	SCHEDULE OF FEES (All cheques are payable to St. Edmund's School) Please include the full name & grade of the student on each cheque.		
	FEE	AMOUNT	DATE OF CHEQUES
<input type="checkbox"/>	1. Application Fee This is non-refundable	\$120 per child	Cheque dated on day of submission of application
<input type="checkbox"/>	2. Tuition Fee	\$1450 per month	Full balance payable by Sept. 1 or before first day of attendance.
<input type="checkbox"/>	3. Activity fee (per child)	\$130 Kinder- Gr. 3 \$145 Gr. 4 – Gr. 7	Full balance payable by Sept. 1 or before first day of attendance.

NOTES: (for office use)		
Forms received by: _____	Initials: _____	Date: _____



St. Edmund's ELEMENTARY SCHOOL

535 Mahon Ave, North Vancouver, British Columbia V7M 2R7
Tel (604) 988-7364 • Fax: (604) 988-7350

The Collection, Use, Storage and Release of Personal Information

Safeguarding your confidentiality and protecting your personal information is a fundamental concern for St. Edmund's Elementary. The School is committed to meeting or exceeding the privacy standards established by the BC Personal Information and Protection Act governing the collection, use, disclosure and storage of personal information.

To ensure you are informed we have developed the following form. Please initial on the line beside each statement and sign the bottom of the page.

Student Personal Information

_____ initial I consent to having St. Edmund's Elementary 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 and dentists' names and numbers, health insurance number and any similar information needed for registration. *This information is required in order to apply for registration for your child at this school and to assist the school in making an informed decision regarding acceptance. It will also allow the school to respond immediately to an emergency. For more information, the privacy manager for St. Edmund's is the Principal of the school who may be reached at 604.988.7364.*

_____ initial I consent to having photographs and work samples of my child(ren) used by St. Edmund's School in a yearbook and newsletters. I also consent to having my children's pictures on our school social media sites and other promotional material (names will not be attached to pictures).

_____ initial I consent to having my home phone number and child's name given to Provincial organizations that work with the school system, such as Vancouver Coastal Health.

_____ initial I consent to the use of my **mobile or home phone numbers, and an email address** to be included in the School Student Directory for contact purposes.

_____ initial I consent to have my child use different educational apps, including Google Apps for Education.

_____ initial I acknowledge that my vehicle insurance information and driving record are required by the school to protect against third-party liability claims in case of an accident, should I use my vehicle to drive for the school. I understand that this information will only be released in the event of an accident.

Parent Personal Information

St. Edmund'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 store all electronic and hard copy parent and student personal information securely.

Parent Name _____

Parent Signature _____ Date _____

Signature: DSilva
Privacy Manager
Principal, Diana Silva

Phone: 604-988-7364

MEDICAL ALERT FORM**(FORM 7 OF 9)****Student Emergency Response Plan (to be completed annually)**

A. To be completed by the parent/guardian			
Student Name (Last name, First name)	DOB (D/M/Y)	Gender M F	Personal Health #
Address	City/Province	Postal Code	
Student Home phone #	MedicAlert ID: YES NO	Teacher Classroom #	Grade
Name of Father	Home Phone #	Business Phone #	
Name of Mother	Home Phone #	Business Phone #	
Name of Guardian	Home Phone #	Business Phone #	
Emergency Contact Person to student	Relationship	Phone #	
Alternate Contact Person student	Relationship to	Phone #	
B. To be completed by physician			
Allergy Description			
Food:			

Insect:			

Other:			

Symptoms to watch for (please check):

- Itchy eyes, nose, face, body
- Flushing/redness/warmth of face and body
- Swelling of eyes, face, lips, tongue and throat (throat tightness), trouble swallowing
- Nasal congestion or hay fever-like symptoms (runny itchy nose, watery eyes, sneezing, cough, hoarse voice, inability to breathe)
- Hives/rash
- Headache, nausea, pain/cramps, vomiting, diarrhoea, uterine cramps in females
- Wheezing, shortness of breath, chest pain/tightness
- Anxiety, feeling of foreboding, fear and apprehension
- Weakness and dizziness/light-headedness, pale blue colour, weak pulse, shock
- Loss of consciousness, coma
- Other
-
-
-

Name of medication:

Expiry Date:

- EpiPen auto-injector
- Other _____
-

Reason for medication:

Method of Administration (*dosage, time of administration*)

Self-administered? Y / N

Additional instructions:

What is the impact of a missed dose?

_____	Phone #

Name of Physician (print)	Signature of physician
Date	

To be completed by the parent/guardian

1. I am aware of the CISVA's policy and the school's plan on treating students with a known risk of anaphylaxis/life threatening allergies
2. I agree that the above information is correct
3. If changes occur I will contact the school and provide revised instructions
4. I agree that if medication is required, I will supply it to the school in the original container with my child's name and the pharmacist's directions for use, including dosage
5. I am aware that no medication will be administered until this form is completed and returned
6. I am aware that the Public Health Nurse for the school will be informed of my child's condition and medication and that the nurse may contact me as necessary
7. I am aware that staff working with my child need to know of my child's condition and of the medication required
8. I am aware I am required to update this information each September.

I authorize and request the administration of the above medication by the school and its employees.

Signature of parent/guardian

Date



**St. Edmund's
(of 9)
ELEMENTARY SCHOOL**

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FORM #6a

SECURE PHOTO HERE

Teacher _____ Grade _____

Student Birthdate _____

Siblings in this school:

Name _____ Teacher _____

FAMILY NAME	_____
First Name	_____

STUDENT EMERGENCY IDENTIFICATION FORM (2020-21)

MEDICAL ALERT _____ (use red dot)

Health Card # _____ Doctor: _____ Ph. # _____

List any conditions, severe allergies, medication information or any instructions (continue on back if necessary)

STUDENT ADDRESS: _____ Ph. # _____

PARENTS (or guardians)

MOTHER'S
NAME: _____
ADDRESS: _____

FATHER'S NAME: _____
ADDRESS: _____

HOME PHONE # _____

HOME PHONE # _____

WORK PHONE # _____

WORK PHONE # _____

EMPLOYER: _____

EMPLOYER: _____

WORK
ADDRESS: _____
DAYS/HOURS AT WORK: _____

WORK
ADDRESS: _____
DAYS/HOURS AT WORK: _____

ALTERNATE GUARDIAN

NAME	SIGNATURE	PHONE #

OUT OF PROVINCE CONTACT

NAME	CITY & PROVINCE/STATE	AREA CODE & PHONE #

I hereby authorize any of the above listed alternate guardians to pick up my child from school in the event of a controlled student release. I also authorize the school or persons caring for my child to use any of the above information, as necessary, in the event of an emergency.

SIGNATURE: _____ SIGNATURE: _____ DATE: _____

(Mother)

(Father)



**St. Edmund's
(of 9)
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FORM #6b

PERSONAL ALTERNATES RECORD (2021-2022)

PLEASE KEEP THIS RECORD AT HOME OR OFFICE FOR QUICK ACCESS AND REFERENCE

In the event of an emergency/disaster, the school will only release students directly into the custody of the parents OR responsible individuals the parents have previously designated on the Student Emergency Identification and Student Release forms. These individuals are referred to as the alternate who will care for the child(ren) and have been pre-authorized by the parents/guardians. Alternates must give their permission and understand that they must try to proceed to the school(s) and collect the students for whom they have accepted responsibility. SUGGESTION: Choose family members and friends of your child's family. The more Alternates, the shorter time your child is likely to stay at the school.

ALTERNATES RESPONSIBLE FOR MY CHILDREN:

NAME	ADDRESS	PHONE NUMBERS

I HAVE CONSENTED TO BE AN ALTERNATE FOR THESE FAMILIES:

FAMILY NAME	CHILD'S FIRST NAME	ADDRESS	PHONE NUMBERS

REMEMBER:

1. DO NOT PHONE the school in an emergency/disaster
2. WALK, DO NOT DRIVE to the school in the event of an earthquake. Streets must be kept open for emergency response vehicles.
3. TAKE personal identification when going to the school to pick up students.

PLEASE KEEP (& COPY) THIS RECORD FOR HOME OR OFFICE USE AS QUICK REFERENCE