



**CLOVERDALE CATHOLIC SCHOOL**  
17511 59th Avenue, Surrey, B.C.  
Phone: 574-5151 Fax: 574-5160  
Email: office@ccsuned.ca Web site: ccsuned.ca

Dear Parents:

Re: Admission Policy

Thank you for applying at Cloverdale Catholic School.

The Board of Directors of the Catholic Independent Schools of the Vancouver Archdiocese (CISVA) has determined the priorities for admission to our schools. With the incredible interest in Catholic education and the growth of the Cloverdale area we are experiencing greater demand for the few spots that are available at Cloverdale Catholic School. More than ever, we want to make sure that we give top priority to those families who have already indicated by their faithful living that it is the Catholicity of the school that is most important.

We, therefore, ask you to make careful note of the Admission Priorities Policy, listed below:

Priorities for admittance into elementary schools shall be:

- 1) Children presently enrolled in the school (Kindergarten to Grade 7) if they and their families meet the expectations of the school (as outlined in the Parent Commitment Form).
- 2) Siblings of children already in the school, whose families are practicing Catholics active in the parish.
- 3) Children whose families are practicing Catholics active in the parish.
- 4) Siblings of children already in the school, whose families are practicing Catholics active in other parishes.
- 5) Children whose families are practicing Catholics coming into the parish, who have been attending Catholic school elsewhere.
- 6) Children whose families are practicing Catholics active in other parishes.
- 7) Children whose families are either not practicing Catholics or not active in their parishes.
- 8) Non-Catholics.

For purposes of this policy, "presently enrolled in the school" does not apply to preschool; "practicing Catholics" shall mean those individuals who are registered in a parish and attend Sunday Mass regularly; "active in a parish" shall mean those who support the parish by using envelopes (no minimum amount specified) and participate in the work activities required of them.

Please read the Parent Commitment Form on the back of the Application Form. It is important that you understand the policy and agree to abide by it. You will be asked to sign a Parent Commitment Form each year upon acceptance into C.C.S.

To assist the Pastor in determining who will qualify for acceptance to Cloverdale Catholic School, an Admissions Committee has been formed composed of the Pastor, the Chairperson of the P.E.C. (or delegate), and the Principal.

If you have any questions or concerns about the information outlined above please feel free to talk to the Principal or any member of the Parish Education Committee.

Yours in Christ,

Jason Borkowski  
Principal

# CLOVERDALE CATHOLIC SCHOOL

17511 59 Avenue, Surrey, B.C. V3S 1P3  
Phone: 574-5151 Fax No: 574-5160  
Email: office@ccsuned.ca Web site: ccsuned.ca

## NEW STUDENT APPLICATION FORM

**A non-refundable application fee of \$50.00 per family is due at the time of application**

**NOTE:** A **separate** form must be completed for **each** child and returned to the school office together with a **non-refundable** application fee of **\$50.00 per family**. Upon acceptance to Cloverdale Catholic School an Acceptance Package will be available with the balance of Fees and other necessary paperwork.

**DATE** \_\_\_\_\_ **SCHOOL YEAR APPLIED FOR** \_\_\_\_\_ (i.e. 2016-2017) **GRADE LEVEL** \_\_\_\_\_

**NAME & ADDRESS OF SCHOOL LAST ATTENDED:** \_\_\_\_\_

### STUDENT INFORMATION: Please complete the following information as per Child's Birth Certificate

**CHILD'S LEGAL FAMILY NAME** \_\_\_\_\_ **CHILD'S LEGAL FIRST NAME** \_\_\_\_\_

**CHILD'S LEGAL MIDDLE NAMES** \_\_\_\_\_ **USUAL FIRST NAME** \_\_\_\_\_ (name child goes by)

**CHILD'S DATE OF BIRTH** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **PLACE OF BIRTH** \_\_\_\_\_ **SEX** \_\_\_\_\_  
Day Month Year

**ADDRESS** \_\_\_\_\_ **POSTAL CODE** \_\_\_\_\_ **HOME PHONE NO** \_\_\_\_\_

**CITIZENSHIP:**  Canadian,  Landed Immigrant,  Other **Language used at home:** \_\_\_\_\_

**PARENT INFORMATION:** (Information gathered on this form will only be used to determine resources within our school community that are available and to better assist us in the Catholic Education of your child) per Privacy Policy attached.

#### **FATHER:**

**NAME** \_\_\_\_\_ **PLACE OF BIRTH** \_\_\_\_\_ **CITIZENSHIP** \_\_\_\_\_

**PLACE OF WORK** \_\_\_\_\_ **OCCUPATION** \_\_\_\_\_

**WORK PHONE #** \_\_\_\_\_ **CELLULAR** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

#### **MOTHER:**

**NAME** \_\_\_\_\_ **PLACE OF BIRTH** \_\_\_\_\_ **CITIZENSHIP** \_\_\_\_\_

**PLACE OF WORK** \_\_\_\_\_ **OCCUPATION** \_\_\_\_\_

**WORK PHONE #** \_\_\_\_\_ **CELLULAR** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

**PREFERRED EMAIL FOR CORRESPONDENCE** Mom/Dad (please circle) or other \_\_\_\_\_

**RELIGION:**

FATHER'S RELIGION: \_\_\_\_\_ MOTHER'S RELIGION: \_\_\_\_\_

CHILD'S RELIGION \_\_\_\_\_ CHILD'S DATE OF BAPTISM \_\_\_\_\_

NAME OF CHURCH WHERE CHILD WAS BAPTIZED \_\_\_\_\_

CHURCH WHERE CHILD RECEIVED (if applicable):

RECONCILIATION \_\_\_\_\_ EUCHARIST \_\_\_\_\_ CONFIRMATION \_\_\_\_\_

Name of Parish registered in \_\_\_\_\_ Sunday Envelopes \_\_\_\_\_yes \_\_\_\_\_no

Other Parish involvement \_\_\_\_\_

Parish Subsidy:

Parish schools within the Archdiocese service the parish to which the school is affiliated. Each year, the parish subsidizes the school financially to balance the school's budget.

Government School Grant:

In order for Cloverdale Catholic School to receive the Provincial Government School Grant, government regulations require that a pupil be in attendance in one school for a minimum of **135 days** between **September and May 15**. Partial grants are allowed if children transfer from one Catholic school to another Catholic school. Families, whose children do not attend Cloverdale Catholic School for 135 days by May 15, except in the case of illness, will be required to reimburse Cloverdale Catholic School for an amount equal to the Government Grant.

Upon applying for our children to attend Cloverdale Catholic School, we do so with the understanding that we will comply with the policies set down by the school regarding the Religion program, tuition fees, discipline, parental participation, the school dress code and the school grant regulations.

**I/We the undersigned fully understand the conditions of application and agree to comply with them.**

\_\_\_\_\_  
Signature of Parents or Guardians

\_\_\_\_\_  
Signature of Parents or Guardians

If placed on Waiting List and you want to activate application for the following school year, please contact the school office during the month of February.

APPLICANTS ARE TO PRESENT COPIES OF THE FOLLOWING:

- ❖ Birth Certificate
- ❖ Baptismal Certificate
- ❖ Citizenship (If no Canadian birth certificate)
- ❖ Personal Health Number
- ❖ Immunizations (Kindergarten)
- ❖ \$50.00 Application fee
- ❖ Latest Report Card (if applicable)

For Office Use Only:
Date Application rec'd: _____
Application fee paid: _____ Chq # _____
Interview date & Time: _____
Notified of acceptance: _____

## EMERGENCY MEDICAL INFORMATION

FAMILY NAME: (please print)		
CHILDREN'S NAMES:	Birthdate(mm/day/yr)	Personal Health #

In case of emergency, at school (sickness, accident, etc.), when parents can't be reached, students will only be released to the following:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell # \_\_\_\_\_

Relationship to child(ren): \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell # \_\_\_\_\_

Relationship to child(ren): \_\_\_\_\_

**Out of area contact** and phone number:

\_\_\_\_\_

Please state any medical problems the school should know about (e.g. Hearing, vision, allergies, or other):

Specific Symptoms to watch for:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In the event that we have to care for your children for up to 72 hours after an earthquake or other emergency please list any medications and attach, to be kept in classroom emergency backpack.

\_\_\_\_\_

\_\_\_\_\_

Please note that Fraser Health no longer wants us to give children Benadryl or Tylenol – if your child may require either of these throughout the year please label with your child's name and bring to the school office. We can watch your child take the required amount if provided we cannot provide for your child though.

\_\_\_\_\_ (Parent's Signature)

## Legal Residency of Parent – FORM A

(If parents are deceased, use Form B) available from School Office

To be completed and signed by a parent or legal (court-appointed) guardian. (If legal guardian, attach copy of court order appointing you as legal guardian).

(Lawfully Admitted into Canada)

### 1. I am (please $\checkmark$ one):

A Canadian citizen (please attach photocopy of Birth Certificate or if not born in Canada please attach a copy of citizenship paper/card)

A landed immigrant (attach photocopy of landed immigrant status paper)

Lawfully admitted to Canada under one of the following documents (please mark the appropriate box below and attach photocopy of document):

Admission as a refugee claimant

A person claiming refugee status who has a letter of no objection

Student authorization (student visa) for two or more years (or issued for one year but anticipated to be renewed for one or more additional years)

Employment authorization (working permit) for two or more years (or issued for one year but anticipated to be renewed for one or more additional years – please include copy)

A person carrying out official duties as a diplomatic or consular official (with a foreign representative acceptance counter foil in his/her passport – please include copy)

Other – Document description: (must be cleared with Immigration Canada)

---

---

### 2. I am a resident of British Columbia (please $\checkmark$ one): (attach current Utility Bill with address)

Yes

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

\_\_\_\_\_

\_\_\_\_\_

No, I am not a resident of British Columbia

### 3. Parent's /Legal Guardian's Name: (please print) \_\_\_\_\_

Parent's/ Legal Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Cloverdale Catholic School**  
17511 – 59th Avenue  
Surrey, B.C. V3S 1P3  
Phone: 604 574 5151 FAX: 604 574 5160

[ccsunited.ca](http://ccsunited.ca)

## **FAMILY STATEMENT OF COMMITMENT**

### **PHILOSOPHY**

“Motivated by a Christ-centered 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, emotion, 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 the 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 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.

1. 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 Public Schools of the Vancouver Archdiocese.
2. All students are required to participate in our religious education curricular and co-curricular programs including liturgical celebrations, retreats, etc.
3. Parents/Guardians are expected to support the Religious Education Program and participate in it as required.
4. 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.
5. Each family is expected to support and participate in the fundraising activities of the parish/school. This means each family shares in the responsibility of educating our Catholic children.

6. Each student is expected to know and follow school policies on behaviour.
7. Parents/Guardians are expected to know and support school policy and procedures.
8. Parents/Guardians are expected to attend at least one orientation session, which will focus on the philosophy, goals and expectations of our school.
9. Parents/Guardians agree to accept the responsibility for the cost of tuition, supplies and other school activities.
10. Parents/Guardians agree to comply completely with the Standards of Appearance & Uniform Code as outlined in this package.

If any of these conditions are not met the school reserves the right to:

- a. refuse admission, or
- b. remove the student from the school.

---

Please note that all school policies and procedures, student/parent code of conduct, and uniform code can all be found in the parent handbook under the school information tab on the homepage of our school website at [www.ccsunited.ca](http://www.ccsunited.ca)

Please sign both copies. Keep one and return the other with your application.

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

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Family Name: \_\_\_\_\_ (please print)

School Policies and Uniform Code can both be found on the school website under the school information tab in the Parent Handbook.

Please initial that you have read the following:

Parent Code of Conduct \_\_\_\_\_

Student Code of Conduct \_\_\_\_\_

Uniform Policy \_\_\_\_\_

**PRIVACY INFORMATION FOR SCHOOL APPLICATION**  
**Parents are asked to 'flag' sections where they are requesting non-publication**

**Family Name: (Please Print) \_\_\_\_\_**

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

1. I consent to having Cloverdale Catholic School collect personal information that may include student identification information, birth certificate, legal guardianship, court orders if applicable, parents work numbers and e-mail addresses, behavioural, academic and health information, most recent report card, emergency contact names and numbers, doctor's and dentist's name and number, health insurance number and any similar information needed for registration. This information is required in order to register your child at Cloverdale Catholic School and assist the school 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 Managers for Cloverdale Catholic School are Mr. Jason Borkowski, Principal and Mrs. Marnie Jangula, Administrative Assistant and they may be reached at 604-574-5151.

Yes \_\_\_\_\_ No \_\_\_\_\_

2. The use of photographs (including identifying names) and work samples to be used by the school in the yearbook, newsletters, bulletin board displays, year-end power point shows and in-house promotional materials.

Yes \_\_\_\_\_ No \_\_\_\_\_

3. The school prepares a family phone list to be used for the phoning tree, emergency info, baking, school closures, birthday parties, field trips, meetings, classroom activities, school help, etc. Family Lists and class lists will be given out only to teachers and the phoning tree to inform parents of the above. We will ensure that anyone who has a list is aware that it is in no way to be given out to anyone else or used for any other purpose than the above.

Yes \_\_\_\_\_ No \_\_\_\_\_

4. The use of photographs with full names (usually a requirement of the newspaper publications) for use in other promotional material such as the BC Catholic, local newspapers and parish bulletin.

Yes \_\_\_\_\_ No \_\_\_\_\_

5. The use of photographs and work samples to be used on the school's website to include first name only and the grade.

Yes \_\_\_\_\_ No \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# CLOVERDALE CATHOLIC SCHOOL

## Precious Blood Parishioners

### Pastor's Subsidy Form

DATE: \_\_\_\_\_

Please arrange for Father Anthony to sign this form and return it with your completed Application package.

FAMILY NAME: \_\_\_\_\_ SUNDAY ENVELOPE # \_\_\_\_\_  
Please print

PARENT'S FIRST NAMES: (mother) \_\_\_\_\_ (father) \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

#### STUDENT'S NAME

#### GRADE LEVEL APPLIED FOR

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This acknowledges that the above family is a member of Precious Blood Parish and has my recommendation for acceptance into Cloverdale Catholic School if all factors of application are applied.

Pastor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Category 1

Category 2

Category 3

Category 1 with 3 month review for New/returning Parishioners (Tuition to be adjusted)

# CLOVERDALE CATHOLIC SCHOOL

## Parishes other than Precious Blood Parishioners

### Pastor's Subsidy Form

If you are not a member of Precious Blood Parish this form must be taken to your Parish Priest, signed, dated and returned to Cloverdale Catholic School along with your completed Application Package.

DATE: \_\_\_\_\_

PARISH: \_\_\_\_\_ PASTOR: \_\_\_\_\_

FAMILY NAME: \_\_\_\_\_  
Please print

PARENT'S FIRST NAMES: (mother) \_\_\_\_\_ (father) \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

**STUDENT'S NAME**

**GRADE LEVEL**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This acknowledges that the above family is a member of \_\_\_\_\_ Parish and has my recommendation for acceptance into Cloverdale Catholic School if all factors of application are applied.

Pastor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Will subsidize at \$50.00/month

will not subsidize

# Cloverdale Catholic School

## Application Package check list

Please ensure that the following items are included when you return this Application Package:

- \_\_\_\_\_ New Student Application Form (Pages 2 & 3)
- \_\_\_\_\_ Copy of Birth Certificate
- \_\_\_\_\_ Copy of Baptismal Certificate
- \_\_\_\_\_ Citizenship (If no Canadian birth certificate)
- \_\_\_\_\_ Emergency medical form including Personal Health Number
- \_\_\_\_\_ Immunizations (Kindergarten)
- \_\_\_\_\_ \$50.00 Application fee
- \_\_\_\_\_ Latest Report Card (if applicable)
- \_\_\_\_\_ Family Statement of Commitment
- \_\_\_\_\_ Privacy Information (Page5)
- \_\_\_\_\_ Legal Residency of Parent – Form A (Page 5)
- \_\_\_\_\_ Copy of Parent/Guardian Birth Certificate or Canadian Citizenship Card
- \_\_\_\_\_ Copy of current Utility Bill (with address)
- \_\_\_\_\_ Precious Blood Pastor Subsidy Form (New Families and families who have changed Parishes and now are PBP Parishioners)
- OR
- \_\_\_\_\_ Pastor Form for New Families who belong to Parishes other than Precious Blood