



925 – 104th Avenue
Dawson Creek, B.C. V1G 2H8
Telephone/Fax: (250) 782-4923/(250)782-4388

E-mail: notredame@cispg.ca

APPLICATION FOR REGISTRATION

PERSONAL INFORMATION

Student's Usual Names: _____ First Name Used: _____
(Surname) (First) (Middle)

Student's Legal Names: _____ Grade as of 9/2026
(Surname) (First) (Middle)

Birth date: M _____ D _____ Y _____ Birth Province/Country _____ Sex: Male _____ Female: _____

Birth Certificate on File: _____ Language spoken at home: _____ Catholic _____ Non-Catholic _____

Are you practicing Catholics? _____

Baptismal Certificate on File: _____

Please Indicate Sacraments Received:

Baptism _____

Aboriginal Ancestry:

Status _____

Reconciliation _____

Non-Status _____

First Communion _____

Band Name & No _____

Confirmation _____

FAMILY INFORMATION

Mailing Names: Mr. & Mrs. _____ Mr. _____ Mrs. _____ Ms. _____
(First Name/Legal) _____ (Surname/Legal) _____

Mailing Address: _____ House Address (if different) _____

City: _____ Province: _____ Postal Code: _____

Home Telephone: _____

Parent (**Father**/Caregiver): _____ Resident in Home: YES _____ NO _____
(Name) _____

Email Address: _____ Cell Phone: _____

Employer: _____ Work Phone: _____ Occupation: _____

Parent (**Mother**/Caregiver): _____ Resident in Home: YES _____ NO _____
(Name) _____

Email Address: _____ Cell Phone: _____

Employer: _____ Work Phone: _____ Occupation: _____

Emergency Contact #1: _____
(Name)

Phone: _____

Relationship to family _____

Emergency Contact #2: _____
(Name)

Phone: _____

Relationship to family _____

Daycare/Babysitter: _____ Phone: _____
(Name)

Names/Birthdays of Siblings: _____

EDUCATIONAL INFORMATION

Former School: _____ Address: _____

City: _____ Prov: _____ Postal Code: _____

Has this child received Special Education Programming: YES _____ NO _____

Has this child received Learning Assistance: YES _____ NO _____

LEGAL INFORMATION

Is there a court order in effect: YES _____ NO _____

If **YES** please give details concerning custody and guardianship: _____

Note: Please attach a copy of any legal papers pertinent to your child regarding custody, visitation, and access to this registration form. A copy of an up-to-date court order **MUST** be on file with the school.

MEDICAL INFORMATION (Confidential)

Immunization Form Completed: YES _____ NO _____ Care Card Number: _____

Doctor's Name: _____ Phone: _____

Medical Alert: YES _____ NO _____

Physical Limitations: _____ Medic/Alert Bracelet: _____ Where worn: _____

Dentist's Name: _____ Phone: _____

Is this child currently on any medication: NO _____ YES _____

Description (Dosage/Amount/Time): _____
(a separate form is filled out if staff is expected to administer meds during the school day)

____ I give my consent for the release of my name, phone number and address for school communication purposes that are directly involved in school management or the care, supervision, and instruction of my child at this school.

Please indicate if your child has any of the following problems by ticking the appropriate boxes:

VISION Nature of Problem Wears glasses? Yes Contact Lenses? No

HEARING Nature of Problem Wears hearing aid: Yes No

ALLERGIES List: _____

Requires emergency treatment? _____ Specify: _____

ASTHMA

Requires emergency treatment? _____ Specify: _____

DIABETES Requires insulin? Yes No

EPILEPSY Type: Requires medication: Yes No

Specify: _____

HEART CONDITION Nature of problem: _____

Physical activity is limited to the following: _____

OTHER (specify): _____ Medication required for treatment/control of the disease: _____

If any are selected above, please answer the following: Is the medical condition life-threatening?

Yes No

Is your child able to participate in a full P.E. program? Yes No

If NO, please provide an exemption note from your family physician, as P.E. is a required subject. Our ultimate goal is to cooperate with you in keeping your child healthy, so if you have any further questions, please do not hesitate to call your local Health Office or the Public Health Nurse. If your child's medical condition changes during the year, please inform the school.

_____ Date

_____ Parent's Signature

Has your child received Speech Therapy? _____

TUITION FEES

Tuition Fees can either be made by ten monthly payments using our credit/debit machine, post-dated cheques, pre-authorized bank payments, INTERAC-E transfers or a single annual payment. Payments can be made on either the 15th or 30th day of each month (September to June). Prior payment agreement applies exclusively to the designated school year and does not extend to subsequent years. Thus, a new payment agreement form must be filled out at the start of every school year.

TUITION RATES ARE SUBJECT TO CHANGE (The rates indicated below are for 2025-2026 school year)

- Single Student \$225 per month
- Two Children \$305 per month
- Family (3+Children) \$355 per month

† Please note, all fees are subject to change

School Supplies Fee- \$90/year

FINANCIAL COMMITMENT

Please check that you have completed and signed the Tuition Commitment Forms – Changes to this commitment must be communicated to the Finance Council member for Tuitions.

Note: Income tax receipts are issued to the individual making the payment (either via cash or via cheque).

(Parent/Guardian #1 Signature)

(Parent/Guardian #2 Signature)

(Date)

WHEN RETURNING THE ENROLLMENT PACKAGE PLEASE REMEMBER TO **INCLUDE A COPY OF THE STUDENT'S BIRTH CERTIFICATE, CARE CARD, A COPY OF BOTH PARENTS' ID, A COPY OF UTILITY BILL AND BAPTISMAL CERTIFICATE (IF BAPTIZED).**

For office use only

- Copy of Birth certificate (For Kindergarten: Your child must be 5yrs old by December 31, 2026)
- Copy of BC Medical Care Card
- Copy of Both Parents' Photo ID
- Copy of Utility Bill
- Copy of Immigration Papers (if applicable- e.g. work permit, student permit, PR card)
- Copy of Immunization records (if applicable)

PLEASE MAKE SURE THESE FORMS ARE COMPLETELY SIGNED AND DATED:

- Transfer Form
- Family Statement of Commitment
- Legal residency form Appendix A
- Medication in Emergency
- Allergy Protocol
- Cell Phone Permission
- P.I.P.A.
- Internet Access
- Fee/Tuition Letter
- Fee Payment Options
- Volunteer Applications (Please complete a Criminal Record Check if you have not already done so. CRCs are available in the office.)
- Copy of legal papers if applicable _____
- Other _____

For Catholic Families Only

- Copy of Baptismal Certificate
- Copy of Communion Certificate (if applicable)
- Copy of Confirmation Certificate (if applicable)

Please note that copies of these certificates are needed in the child's file.

NOTRE DAME SCHOOL REGISTRATION POLICY

1. CISPG Admissions Policy 311 is followed for student admission and registration. Preference in registration shall be as follows:
 - a) Sibling groups Catholic/Non-Catholic
 - b) Notre Dame Parishioners
 - c) Catholics of surrounding parishes
 - d) Non-Catholics
2. The preferred maximum number of students per class shall be as follows:

a) Kindergarten	-	Twenty-Five (25) students
b) Grades 1- 3	-	Twenty-Five (25) students
c) Grades 4-7	-	Thirty (30) students
3. Tuition fees shall be as per the fee structure: (See *Tuition Commitment* form). It is Notre Dame School's position that tuition fees are not to be a hindrance to your wish for your child/ren to receive a Catholic education. If there are concerns regarding tuition and payment of tuition, please contact the school.
4. Non-Catholic involvement in the Religious Program:
 - a) All Non-Catholic students must attend regular religious instruction and functions, including mass, during school hours.
5. Dress Code: Our Catholic School is a place of learning. All students are expected to be in full dress code at all times. See *Parent Handbook*.

REASON FOR APPLYING:

I have read the Registration Policy and agree with it.

(Signature of Parent/Guardian - #1)

(Signature of Parent/Guardian - #2)

Note: Please See Attached CIS (Diocese of Prince George), Family Statement of Commitment

Please check this box to indicate if duplicate copies of letters, report cards, etc are required. In a written letter or email, please include a mailing address so the duplicates can be forwarded.



Policy

The mission of CISPG Schools is the education of young people in a faith-filled environment to promote academic, personal and spiritual growth. Parents and guardians must understand that the school will remain faithful to the teachings of the Roman Catholic Church and steadfast in proclaiming them. A coherent witness to Catholic moral teaching is expected at all times from every member of the community, especially in the public forum.

Students may come from family situations that do not conform to the moral teachings of the Catholic Church. The personal family background of a student is not an absolute obstacle to enrolment in a CISPG school. However, if parents choose a lifestyle directly opposed to the Church's deeply-held moral teachings, they should recognize that the school is not the right place for their child, since the home and school would be giving contradictory teachings.

Procedure

A. Admission

The Principal and the Pastor shall meet with each new family. The Pastor will determine if the family meets the requirements for Catholicity for admission to the school. The Principal will determine if the school can provide a program and resources that meet the needs of the student. In cases where students are accepted, the family shall sign the Family Statement of Commitment prior to being accepted into the school. These families will be accepted according to the established priorities set by CISPG policy. For purposes of this policy, "practicing Catholics" shall mean those individuals who are registered in a parish and attend Sunday Mass faithfully.

In the case of Catholic families, the following must be presented at the time of registration:

- a. Baptismal certificate (copy to be retained on file)
- b. First Communion and Confirmation certificates (where applicable)
 1. Priorities for (Re) Admittance into CISPG Schools
 - 1.1 students presently enrolled in the school
 - 1.2 students with siblings presently enrolled in the school. (It is understood that the school will make every effort possible to accommodate Catholic students.)
 - 1.3 students whose families are parishioners (defined as practicing Catholics)
 - 1.4 non-Catholic families that accept the goals and philosophy of the school and sign the Family Statement of Commitment.

B. Participation

Once a student has been admitted to the school, parents will be required to participate in the various activities of the school, including fundraising.

C. Financial Assistance

If a family is experiencing financial hardship, they should write a letter to the School Council. With due respect for privacy, the School Council will determine the amount of financial assistance available and communicate that in writing.

D. The principal will consult with the superintendent on potential classes over twenty-five (25) for grades Kindergarten to three (3) and over thirty (30) for grades four (4) to seven (7).



“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 in accordance with the teachings of the Catholic Church. 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.”

Philosophy of Education For Catholic Schools In The Province of BC Catholic Bishops of British Columbia.

Catholic Schools are committed to fidelity to Jesus Christ, Who said, “Seek first the kingdom of God.” The school emphasizes first and foremost the teaching and practice of the Catholic faith. All students, regardless of their religious affiliation, must participate in all the religious instruction and activities of the school community.

CISPG Schools recognize that students may come from family situations that do not conform to the moral teachings of the Catholic Church. Although the personal family background of a student is not an absolute obstacle to enrolment in a CISPG school, when parents choose a lifestyle directly opposed to the Church’s deeply held moral teachings, they should recognize that the school is not the right place for their child, since the home and school would be giving contradictory teachings.

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 fullest development. Parents and guardians who enrol their children accept that the school will at all times uphold the teachings of the Roman Catholic Church. While present on the school campus and in school-related activities offsite, every adult must demonstrate conduct that upholds the school’s declared mission. A coherent witness to Catholic moral teaching is expected at all times, especially in the public forum.

The following statements confirm parental support of the goals and philosophy of our Catholic school and need to be accepted by all members of the community. Read them carefully. They ask you to make a commitment to the values of our Catholic School community. If you have any questions or concerns regarding this family commitment form, please bring them to the Principal or Pastor, 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 as presented in the Catechism of the Catholic Church. The determination of whether any conduct contravenes these standards is the right of the CISPG Board of Directors.
2. All students are required to participate in our religious education curricular and co-curricular programs, including liturgical celebrations, prayer, retreats and other spiritual activities.

3. Parents/Guardians are expected to participate in the religious education program 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. Parents are expected to support the academic program as required.
5. Each family is expected to support and participate in the fundraising activities of the school.
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 program-related events, including but not limited to parent/teacher conferences, meet the teacher events, student-led conferences, and portfolio reviews.
9. Parents/Guardians agree to accept the responsibility for the cost of tuition, supplies, and other school activities.
10. If any of these conditions are not met, the school reserves the right to refuse admission or remove a student from the school.

I have read and accept the Family Statement of Commitment.

Family Name (Please print clearly)

Parent/Guardian Signature(s)

Signature

Date

Signature

Date



STATUS OF PARENT /GUARDIAN --ADMISSION TO CANADA AND RESIDENCY

Form A –Policy 324

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

(Lawfully Admitted into Canada)

1. I am (please one):

- A Canadian citizen (please attach a copy of the parent's birth certificate or citizenship paper/card).
- A Permanent Resident (please attach a copy of the parent's landed immigrant status paper or Permanent Resident card).
- Lawfully admitted to Canada under the Immigration and Refugee Protection Act (Canada) with one of the following documents (please mark the appropriate box below and attach a copy of the document):
 - Admission as a refugee or refugee claimant.
 - Valid student permit for two or more years (or issued for one year but anticipated to be renewed for one or more additional years).
 - Valid employment authorization (work permit) for two or more years (or issued for one year but anticipated to be renewed for one or more additional years).
 - A person carrying out official duties under the authority of the Visiting Forces Act or as an accredited diplomatic agent, pre-clearance officer, consular officer or official representative in Canada of a foreign government with a consular post in British Columbia.
 - Other - document description: (must be cleared with Citizenship and Immigration Canada):

(Residency in British Columbia)

2. I am a resident of British Columbia (please one):

Yes Residency address: _____

(Attach a recent copy of a utility bill, mortgage document, rental agreement or tax assessment, etc.)

No I am not a resident of British Columbia.

Confirming signatures:

3. Parent/Legal Guardian's name: _____

4. Parent/Legal Guardian's signature: _____

Date: _____

FOR OFFICE USE ONLY

Date: _____

Proof of Residency: _____

Initials



NOTRE DAME SCHOOL

Student Code of Conduct

2026 - 2027



Each year, Notre Dame School shares our Code of Conduct to be reviewed and signed by students and parents. Please return this form, signed, to the school. For your reference, the Code of Conduct may also be found in your **Notre Dame School Parent/Guardian Handbook**. Thank you!

Notre Dame Code of Conduct

Notre Dame School, as part of CISPG, is committed to a Bully Free School that strives to ensure every child feels safe, accepted, and respected. All classes engage in anti-bullying lessons throughout the school year, which focus on developing healthy friendships, encourage reporting of harmful behaviours, and support affected students.

The Notre Dame Code of Conduct is in place to ensure each student can learn in a safe and caring environment. The Code of Conduct supports respect from students and staff and regard for the personal dignity of each individual. We expect all members of our community to maintain an attitude that is cooperative, courteous, and respectful. Student behaviours that impact learning or violate the best interests of any individual in the school community will not be tolerated.

Respect Yourself

- Follow Notre Dame's Dress Code.
- Always strive to do your best.
- Be punctual and ready for school with all required materials and assignments.
- Use the provided agenda or communication folder to record homework and school events.
- Participate in all curriculum areas and school-related events.

Respect Others

- Be polite (no rude or offensive language, gestures, or remarks).
- Show understanding for others' feelings.
- Follow the directions of all staff and volunteers.
- No fighting, rough play, or striking another student.
- Walk quietly in the hallways.
- Be honest and tell the truth.

Respect Property

- Use school property, equipment, books, etc., appropriately and under supervision.
- The personal use of electronics, including cell phones, is not permitted during the school day.
- Clean up after yourself and others, if necessary.
- Respect and care for the environment by maintaining a clean building and school grounds.

Be Safe

- Sharp or dangerous objects are not allowed in the school or on school property.

- Show concern and care for those around you. Move about the school and playground without causing harm to others or self.
- Promote a code of citizenship by reporting any incidences of bullying, harassment, or unsafe behaviour to a "tellable" adult.
- Any wheel items, such as bicycles, scooters, and skateboards are to be walked on and off school property.
- When on the school bus, follow all safety guidelines.

Violations of the Code of Conduct

Reference: [CISPG Policy 313 - Student Discipline, Student Suspension & Expulsion](#)

Parents/Guardians will be informed of repeated or serious infractions.

When a student is referred to the principal for recurring and/or serious infractions, the following may occur:

First Referral to Principal - Incident is recorded, and a discussion/meeting occurs between the student and principal to determine a resolution to the problem. Parents/Guardians may be contacted at this time. Discretion is left to the Principal.

Second Referral to Principal - Incident is recorded, and a discussion/meeting occurs between the student and principal to determine a resolution to the problem. Parents/Guardians are informed, and a parent meeting may be requested.

Additional Referral to Principal - Incident is recorded, and a discussion/meeting occurs. Parents/Guardians are informed, and a team (parent, teacher, student & principal) meeting may occur.

Severe Cause - Criteria for Severe Cause Includes:

- Willful disrespect or disobedience of a teacher/supervisor, or severely disrupting a learning environment.
- Willful infliction or threat of physical harm or severe insults towards another person.
- Intentional defacement, damage, or destruction of property.
- Use/possession of illicit drugs or paraphernalia.

A student meeting one or more of the above criteria for severe cause will face appropriate consequences at the discretion of the principal and/or [CISPG Policy](#), up to and including expulsion from the school.

If a student exhibits repeated behaviours that intentionally harm or disturb another student, the student will be referred to the principal, and his/her parents/guardians will be contacted. Loss of privileges or suspension from school will be determined at the discretion of the principal. A behaviour plan will be agreed upon by the principal, teacher, parents/guardians and student to support behavioural change while protecting the well-being of other students and staff.

Date: _____

Student Name: _____ Signature: _____

Parent Name: _____ Signature: _____

Section 1

STUDENT NAME: _____
FIRST NAME _____ LAST NAME _____

STUDENT NUMBER: _____ STUDENT DOB: _____ GRADE/PLACEMENT: _____
(YYYY-MM-DD)

Section 2

**THE PARENT(S)/GUARDIAN REQUEST AND CONSENT FOR THE ADMINISTRATION OF AN INJECTION
OF MEDICATION IN AN EMERGENCY IN THE SCHOOL**

PARENT GUARDIAN FIRST & LAST NAME _____ PARENT GUARDIAN FIRST & LAST NAME _____

HOME/CELL TELEPHONE _____ HOME/CELL TELEPHONE _____

WORK PHONE: _____ WORK PHONE: _____

I/We request that Notre Dame School provide the administration of an emergency injection of medication for my/our son/daughter in the event that the following should happen:

Section 3

I/We understand that:

- a) a medical doctor must consent to this request in accordance with **Section 2** of this form;
- b) only a limited supply of the medication may be kept at the school as prescribed by the doctor;
- c) the medication must be brought to the school in a closed container, and the label must detail the name of the student, the type/name of the medication, and the size of the dosage.
- d) if the medication is not provided to the school, contact will be made with the parent(s)/guardian or doctor, and will also be made with parent(s)/guardian or doctor under any other exceptional circumstances, e.g. student refuses medication.
- e) it is the responsibility of the school to establish fallback positions for the administration of emergency medication.

I/We consent to:

- a) the establishment of a service at the school to administer an emergency injection of medication to my/our son/daughter named above in the event of an emergency situation as outlined above;
- b) school personnel responsible for the administration of medication in an emergency situation, discussing any aspect of the service with a public health nurse where the need arises.

DATE: YYYY-MM-DD

PARENT SIGNATURE

PARENT SIGNATURE

REQUEST AND CONSENT FOR THE ADMINISTRATION/INJECTION OF MEDICATION IN AN EMERGENCY

NOTRE DAME SCHOOL



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Phone: 250-782-4923 Fax: 250-782-4388

www.notredameschool.ca

notredame@cispg.ca



2026-2027

Notre Dame School Policy for Administration of Medication

Description: Notre Dame School realizes that it may be necessary, on occasion, to administer medication to students within the school environment/day.

ADMINISTRATION OF MEDICATION

Notre Dame School Council Policy Approved: _____

Description:

The Principal will designate a person or persons who shall administer [or supervise the self-administration of medications] to students, if the following conditions occur:

1. The initiation for the administration of medication in the schools will continue to remain the responsibility of the parent/guardian. Each school principal, in conjunction with the student, parent, family physician and the Public Health nurse, shall develop individual plans for the administration of medication to the student if:
 - i) The parent of a student wishing to request the administration of medication in the school makes a written request to the school principal.
 - ii) A student requiring medication can be reasonably assisted or supervised by a designated staff person.
 - iii) The medication is required while the child is attending school, and medication support is the only recommended option.
2. The parent has signed a release requesting the administration by a designated person. [Use the Form attached]. This form must be updated each September.
3. The Public Health Nurse has been informed so that she may complete a Medic Alert Card, including possible side effects and necessary actions if needed.
4. The designated person is named and where applicable and necessary has been trained with adequate instructions from the Public Health Nurse concerning the administration of the medication including side effects and medication storage.
5. A record of medication administration shall be maintained.
6. Medication shall be stored in a safe and secured location.
7. When a student requiring medication is involved in a Field Trip, there shall be a trained designated person on the trip.



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2026-2027

REQUEST FOR ADMINISTRATION OF MEDICATION AT SCHOOL

Student's Name: _____

Medication: _____

Frequency, time, and manner in which medication is to be administered:

Name of family physician _____

I, _____, am the legal guardian of _____, confirm that my request for administration of medication at school for my child is necessary, in that the medication must be given during school hours. I HEREBY RELEASE Notre Dame School [CISPG], its officers, directors, administrators and employees, of any liability for any and all claims whatsoever that I might have or that I might bring on behalf of my child, in connection with my current "Request For Administration of Medication At School." I also hereby give permission for this information to be used by the School Based Team [principal, classroom teacher, learning assistant teacher, and appropriate student support personnel].

_____ Signature: PARENT/LEGAL GUARDIAN

_____ Date Medication is Authorized to Administer

If additional information is required the school may contact the family physician after consulting with the parent/guardian.

**STUDENT: ANAPHYLAXIS**
FORM- ALLERGY PROTOCOL

Dear Parents/Guardian,

Please complete the following form describing what procedure to follow when responding to an allergic reaction for your child. Use concise, clear directions, and point form whenever possible.

Thank you.

Student's Name: _____

FIRST NAME

LAST NAME

Allergy/Allergies: _____

Signs/Symptoms: _____

PROTOCOL:

STEP 1: _____

STEP 2: _____

STEP 3: _____

STEP 4: _____

DATE

PARENT/GUARDIAN SIGNATURE

For severe allergies that are life-threatening please provide your child's:

DOCTOR'S NAME

DOCTOR PHONE NUMBER

HEALTH CARE CARD #

HEALTH CARE CARD PROVIDER'S SIGNATURE



- arrange a meeting with the principal to exchange information
- notify school personnel of your child's allergens in order of severity
- provide the school with a recent photograph of your child
- complete *The Request and Consent Form for the Administration of Injection of Medication in an Emergency Form*
- provide the school with the required number of Epi-Pens® and make sure they are not expired
- consider a Medic Alert ® bracelet for your child
- educate yourself about foods that can cause anaphylactic reactions
- stress with your child and the school staff that only foods from home are to be eaten
- keep up to date with education and new information in this field
- research field trip sites for allergen risks
- accompany your child on a field trip if possible
- inform the school bus driver about your child's medical needs
- verify all posted information about your child
- inform school staff of any allergic reactions that occur outside of school hours



NOTRE DAME SCHOOL

Cell Phone Permission Form

2026 - 2027



Dear Parents/Guardians,

If Parents/Guardians find it necessary for their child to bring a cell phone to school due to safety issues when they are taking the bus or walking home, they must fill in and sign this form before the phone is brought to school.

The cell phones will be turned off and placed in the student's backpack or locker. (The school will not take responsibility for lost or stolen cell phones.)

The cell phone can be turned on again once the student has left school grounds and is on their way home. Please do not ask students to text or phone you during the day, as we have a phone in the office that students are allowed to use.

If the student is found in violation of this protocol, the following will occur:

1. First offence: The student is asked to turn off the phone and put it in the student's backpack or locker. The parent/guardian will be notified.
2. Second offence: The cell phone must be turned in to the office for the day, and the student and parent/guardian may pick it up at the end of the day.
3. Third offence: Upon arrival at school, the cell phone must be turned into the office for the day, and the student may pick it up at the end of the day. This will be the routine for the remainder of the school year.

I _____ give my child, _____
(Please print your name) (Please print the child's name)

Permission to have his/her cell phone at school for the following reasons:

DECLARATION:

I hereby declare I have read and understood the information contained in the Cell Phone Permission Letter.

Parent/Guardian Signature: _____



NOTRE DAME SCHOOL

Personal Information Protection Act (PIPA) Form

2026-2027



Consent Form for the Personal Information Protection Act as per the Personal Information Privacy Policy for Parents and Students of Notre Dame School

What is Student Personal Information?

A student's personal information includes: their name, birthdate, address, telephone number, email address, personal education number, educational information, artwork, and anything that identifies the individual, including photographs or video footage. Student photos may be collected and used without consent for purposes necessary to school operations (e.g., for student identification purposes).

The **Personal Information Protection Act** (British Columbia) is in effect for all independent schools. To ensure that we comply with the legislation and your wishes as parents/guardians, we ask that you read the following information carefully.

The legislation states that all photographs, names, or anything else that identifies an individual or an individual's personal information is protected.

From time to time, your child's name and/or photograph may be used in a school newsletter, yearbook or other school publication, or media coverage concerning school events.

Registration Information:

Information provided at the time your child was registered at school was collected under the authority of the Independent School Act. This data is used for educational program purposes and, when required, may be provided to health services, social services and other support services. If a student moves to another school, the student's records are requested by that school. It shall be the understanding that our school administration has permission to pass on this information to the student's new school.

Media Coverage:

It is possible that there will be media coverage of a school event. This coverage could include your child's photo (or video), name and comments being part of a broadcast, publication or newsletter.

Parent Support Group:

From time to time, the Parent Support Group may wish to contact parents. To assist, the school will provide the PSG with a list of parents/guardians, email addresses, and the names and grade levels of students.



NOTRE DAME SCHOOL

Personal Information Protection Act (PIPA) Form 2026-2027



P.I.P.A – Personal Information Privacy Act Permission Form – Notre Dame School

Student Name: _____ Grade: _____
(Student Name – Please PRINT)

YES NO I permit my child's name and/or photo to be used in any school publications, including the yearbook or newsletters.

YES NO I permit my child to be included in any media coverage of a school event, including radio, television, newspaper and advertising.

YES NO I permit the school to disclose my name, phone number, mailing address, and my child's name and grade to the Parent Support Group for fundraising and volunteer purposes.

Parent's Name & Signature: _____ **Date:** _____

At Notre Dame School, a student's PIPA (Personal Information Consent Form) must be obtained every school year and is valid until September 30 of the next school year.

Notre Dame 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.

Signed Colleen Richard

Title: Mrs. Colleen Richard, Privacy Officer, Principal



NOTRE DAME SCHOOL

Privacy of Images on Website

2026 - 2027



PRIVACY OF IMAGES ON WEBSITE AGREEMENT

Taking photographs, films, audiotapes, videotapes, digital images, and recordings of an individual at school is the collection of personal information and must comply with the Personal Information Protection Act. The purpose of this regulation is to permit photographs and other recordings of students and student work as part of, or as a supplement to, the educational program, while ensuring that the personal privacy of students, teachers and other staff members is respected.

This release form allows recordings of an individually identifiable student or student personal information or the student's work to be posted or published on a school website or the CIS website.

- Yes - My child can be photographed during school-related activities for use in media (print and video) for the Notre Dame website and CISPG website. Photographs may be used on Notre Dame's Facebook page.
- No - I do not want my child photographed during school-related activities for use on the Notre Dame website, CISPG website.

Date: _____

Student Name: _____ Grade: _____

Parent Name: _____ Signature: _____

NOTRE DAME SCHOOL



Internet Use Agreement Form

2026 - 2027

INTERNET USE AGREEMENT



Internet access is now used by Kindergarten to Grade 7 students at Notre Dame School. We are very pleased to offer this tool as a valuable resource to both students and teachers for the purpose of conducting research.

All students will receive Internet instruction, which focuses on safety issues as well as how to navigate the Internet to search for information for school-based projects.

While we acknowledge that we cannot control the vast amount of information available on the Internet, every effort has been made to provide online safety. Students will be supervised whenever they are on the Internet.

We invite students and parents to read the "Conditions of Internet Use" section below. Both student and parent signatures are required for students to access the Internet.

Internet Terms and Conditions

1. Students are responsible for their own behaviour on school computers. General rules for behaviour in keeping with the Notre Dame School Student Code of Conduct apply.
2. The Internet is provided for students for educational purposes. Access to the Internet is a privilege and is granted to students who agree to conduct themselves in a responsible manner. Inappropriate use or behavior will result in cancellation of Internet privileges for the remainder of the year or as determined by the Principal.

Inappropriate Use or Behavior Consists of (and is not limited to):

- Attempting to download information without teacher permission
- Printing from the Internet without teacher permission
- Consistently not following teacher instructions
- Attempting to access inappropriate sites, chat rooms and social media platforms
- Intentionally damaging computers

Date _____

Student Name (printed) _____

Parent Name _____

Signature _____

NOTRE DAME SCHOOL



Internet Use Agreement Form

2026-2027



Google Apps for Education (GAFE), Online Learning Tool

Google Apps for Education (GAFE) may be used at Notre Dame School.

What is GAFE:

GAFE is designed specifically for K-12 schools and is a powerful suite of collaboration and productivity tools. It is a secure, private, and ad-free environment and offers more control and protection than an individual Google account. GAFE is currently used by thousands of schools with tens of millions of student accounts around the world. GAFE accounts are made for each NDS student to communicate and collaborate with peers, teachers, and others. The tools and resources are provided by Google, and all files and information are stored on Google servers, which may be located anywhere in the world and are subject to the laws of that country. Students will be assigned a GAFE email account using their initials and their graduation year as their username (@notredameschool.ca).

Passwords will be randomly generated, assigned, and changed each term. Google Drive (unlimited storage to create, upload and/or edit files, including docs, sheets, slides, forms, and drawings). Sharing is limited to only notredameschool.ca domains. o Google Classroom, Google Sites, and Google Calendar. GAFE can be accessed anywhere there is an internet connection.

Student section:

I have read Notre Dame's Internet agreement with my parent/guardian, and I agree to follow the rules for using computers. I understand that if I break the rules, I may lose my Internet privileges for the rest of the school year, and I may face other consequences.

Student's Signature _____ Grade _____

Date: _____

Parent or Guardian Section:

As the parent or legal guardian of the student signing above, I have read the Internet Use Agreement and grant permission for my son or daughter to access the Internet. I understand that the Internet access is designed for educational purposes only. I understand that Notre Dame's staff has taken every precaution within their power to provide for online safety. I also understand that my son or daughter will be held responsible for any violations.

Parent's Name (printed) _____

Parent's Signature _____

Date _____

NOTRE DAME SCHOOL



Internet Use Agreement Form

2026 - 2027
INTERNET USE AGREEMENT



Spaces EDU Digital Portfolios

As part of our goal to collect and document evidence of student learning, your child's teacher may be taking photographs, videos and audio clips to record and report your child's learning throughout the school year.

This data will be used by teachers as evidence of learning and will be stored in a secure digital portfolio. This is also an excellent tool to encourage parent communication and involvement in their child's learning.

I, _____, parent or guardian of, _____ am aware that my child's teachers will collect, use, disclose and store my child's name and school work, while using the Spaces EDU technology described above (photograph, video, audio).

Much like MyEd BC, the ministry reporting tool in British Columbia, Spaces EDU is stored on a Canadian server and is password-protected. The information on your child's portfolio can only be accessed by you, your child and your child's teacher(s). I will work with my child's teacher(s) in minimizing the exposure of my child's information. Although I do have the right to share my child's information on social media, it is not recommended by Notre Dame.

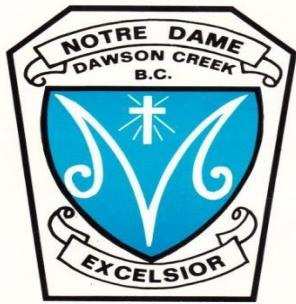
Student accounts will be archived at the end of the school year or immediately if the student is withdrawn.

Date: _____

Student Name: _____

Grade: _____

Parent Name _____ Parent Signature _____



NOTRE DAME SCHOOL

925 – 104th Ave
Dawson Creek, BC
V1G 2H8
Phone : 250-782-4923
Fax : 250-782-4388
Email: notredame@cispg.ca

Appendix to Student Registration Form

Inclusive Education Considerations

Student Name: _____ Date of Birth: _____

Registered in Grade: _____ Date of Registration: _____

Parents Name(s): _____

Disabilities/Diverse Abilities Category: (if applicable): _____

Diagnosed by: _____ Date of Diagnosis: _____

Existing Supports	Name of Practitioner	Report Available	Date of Report
Speech/Language	_____	_____	_____
Occupational Therapist	_____	_____	_____
Physiotherapist	_____	_____	_____
Psychiatrist	_____	_____	_____
Behaviour Therapist	_____	_____	_____
Other	_____	_____	_____
Hearing Test: _____	Last date of hearing test: _____		
Vision Test: _____	Last date of eye test: _____		

Parent description of existing supports/support programs child attends (where they attend, how often,etc.)

Parent description of condition and anticipated challenges in the school environment:

This form is for the purpose of gathering relevant information so the school can determine a plan of support.

Parent/Guardian Signature: _____

Date:

**VOLUNTEER APPLICATION FORM****School Name:** _____**Date:** _____**Last Name:** _____**Given Names:** _____**Address:** _____

Street

City

Postal Code

Telephone #s _____

Cell

Home

Email: _____**Medical Number:** _____**Emergency contact** _____

Name

Phone #

Areas of Interest: _____**Times available:** _____**Preferred volunteer tasks: (please check)** Classroom – grades _____
 Lunch program
 Social Events
 Other _____ Fundraising
 Office
 Technology Library
 Phone parent
 Recycling Program**References:**1. _____
Name _____ phone number _____ Relationship _____2. _____
Name _____ phone number _____ Relationship _____**Criminal Record Check** I am willing to complete a Criminal Record Check at no cost to me.

Signature of Volunteer

Date

Approval Signature of Principal

Date

**VOLUNTEER CODE OF CONDUCT**

As a volunteer of _____ School (CISPG) I understand that:

- I will be supervised by a school employee and must follow that person's directions.
- I must adhere to the policies of the school and CISPG and the rules of the school in which I am volunteering.
- I must treat staff, parents and students with politeness and respect.
- I must deal judiciously with students and defer to the teacher's authority in all matters relating to the classroom.
- If I am uncertain about my role or any other matter, I will seek advice from the teacher with whom I am working or the principal, as appropriate.

VOLUNTEER CONFIDENTIALITY AGREEMENT

Students, staff and others working in the school have a right to expect that information about them will be kept strictly confidential by volunteers.

Therefore:

- I will not communicate anything I learn about any student or anything that I observe in the course of my volunteering to anyone other than appropriate school employees.
- I will not share information about students, even with others who may be genuinely interested in a student's welfare, such as social workers, recreational leaders, family friends, physicians, etc. except when legally required to do so.
- I will keep anything I learn about school employees or other volunteers strictly confidential.
- If I am asked for information concerning a student or staff members, I will refer the request to the teacher or principal before doing so.
- If I am in doubt about whether I may divulge information concerning a student or staff member, I will consult with the school principal before doing so.

DECLARATION

- I have read and agree to comply with the Volunteer Code of Conduct and the Volunteer Confidentiality Agreement.

Signature of Volunteer

Date

Notre Dame School, 925 104th Avenue, Dawson Creek, BC, V1G 2H8

Telephone: (250) 782-4923

Fax: (250) 782-4388

Dear Principal:

Please forward cumulative data on the following student(s) who is/are now enrolled at Notre Dame School.

STUDENT'S NAME	GRADE	BIRTH DATE
-----------------------	--------------	-------------------

Please include a transcript of grades and explanation of the marking system, achievement and aptitude test scores, pertinent health information and any psychological or other individual assessments.

This information release has been approved by the parent as indicated by the signature below:

PREVIOUS SCHOOL ATTENDED - Name, address and phone

PARENT SIGNATURE: _____

Mrs. Colleen Richard
Principal

Date Sent (Fax or Email) to Previous School: _____

Email address: _____



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www.notredameschool.ca

notredame@cispg.ca



Dear Parents/Guardians,

It is a goal of Notre Dame School that all students receive the best education possible. This can only be done by instituting a fee structure. The fees/tuitions that are collected go towards ensuring that all students receive added support in the classrooms. (Educational Assistants); are kept safe (replacement of faulty equipment, playground structures, regular maintenance on the building, etc.) and have adequate resources to enhance their learning (desks, chairs, computers, wobble chairs, fidgets, textbooks, etc.).

Notre Dame School is introducing the following options for payment of fees/tuition for the 2025/2026 school year:

- 1) Lump sum payment by September 15, 2026 (via cash or cheque)
- 2) Cash payments on the 1st of each month (over 10)
- 3) Pre-authorized Debit payments on the 1st or 30th of each month (over 10)
- 4) Cheque payments on the 1st of each month (over 10)
- 5) Interact E-transfer on the 15th or the 30th of each month (over 10) via nd/accounting@cispg.ca

Please see the enclosed "Payment Option" form for more details. If paying by cheque (either post-dated or current), please note that a \$25.00 NSF charge will apply for bank-returned payments.

If there are other persons responsible for fees/tuition for your child(ren), please notify the school office so we can send them a copy of this letter and the enclosed form. Copies of any court documentation/letters outlining shared tuition must be provided to the school.

We ask that you please **return the following to the school office, attention Mr. Caguitla**

- ✓ One completed copy of the "Payment Option" form (the other copy is for your records)
- ✓ The lump sum or first month's payment for your child(ren)'s fees/tuitions
- ✓ **Prior payment agreement applies exclusively to the designated school year and does not extend to subsequent years. Thus, a new payment agreement form must be filled out at the start of every school year.**
- ✓ **This letter with the declaration signed at the bottom of the page**

The office is open between the hours of 8:30 am and 3:30 pm (Monday to Friday on regular school days) to accept payments. If you are unable to make it to the school during these times, you will need to make other arrangements to keep your account current. This is an important area of responsibility when a parent/guardian registers his/her child with Notre Dame School.

Thank you for your time and consideration.

Yours in Christ,

Duncan Malkinson, President, signing on behalf of
Notre Dame School Council

DECLARATION: I hereby declare that I have read and understood the information contained in this letter.

Parent/Guardian Name (please print)

Parent/Guardian Signature



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FULL Student(s) Name(s) and Grade(s)

1. _____ GR: _____ 3. _____ GR: _____

2. _____ GR: _____ 4. _____ GR: _____

Fee Payment Options: Please choose one Method of Payment and check your desired payment option:

Method of Payment	Payment options
1. Lump Sum Payment	<input type="checkbox"/> At registration <input type="checkbox"/> Prior to September 15 th
2. Post-Dated Cheque (1 st of each month)	<input type="checkbox"/> 10 Equal Payments (Sept-June)
3. Pre-authorized Debit Payments (15 th or 30 th of each month)	<input type="checkbox"/> 10 Equal Payments (Sept-June)
4. Cash (1 st of each month)	<input type="checkbox"/> 10 Equal Payments (Sept-June)
5. Debit, Visa, Master Card (15th or 30th of each month)	<input type="checkbox"/> 10 Equal Payments (Sept-June)

You can register your account with the Secretary for automated monthly withdrawals on either the 1st or 15th of each month. Bring a void cheque to the office and complete the Payors PAD Agreement.

Please contact the school in advance if making cash payments over the summer

Alternate Payment: If someone other than you will be paying all or part of the tuition, please complete the following details:

NAME:	RELATIONSHIP TO STUDENT(S):	PHONE:
FORM OF PAYMENT (see above):	% OF TUITION PAID BY OTHER PERSON:	% OF TUITION PAID BY PARENTS OR GUARDIANS:
MAILING ADDRESS:		

Parent/Guardian Name (please print)

Date

Parent/Guardian Signature



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Payor's Pre-Authorized Debits (PAD) Agreement

1. Customer Information

Name: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: _____ Cell Phone Number: _____

Email Address: _____

2. Bank Account Information

Bank Account Number:

--	--	--	--	--	--	--	--	--	--	--	--

Financial Institution Number:

--	--	--	--

 Branch Transit Number:

--	--	--	--	--

Chequing Account Savings Account

Financial Institution: Name: _____

Branch Address: _____

3. Pre-Authorized Debit (PAD) Details

You, the Payor, authorize Notre Dame School to debit the bank account identified above on the 15th or the 30th of the month, starting September 15th or 30th, _____ and ending June 30th, _____ for the amount of \$ _____

You, the Payor, may revoke your authorization at any time, subject to providing notice of 15 days.

Signature of Account Holder

Signature of Joint Account Holder (if appropriate)

Name (Please print)

Name (Please print)

Date

Date

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca.



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Credit Card Tuition Payment Form

Card Member Info: _____

Address: _____

Home Phone
Number: _____

Cell Phone: _____

Email: _____

Credit Card Information		
Please Check One:	Visa <input type="checkbox"/>	Mastercard: <input type="checkbox"/>
Card Number: _____		
Expiration Date:	_____ /	_____
Name on Card: _____		

Tuition Payments

Please charge for my regular tuition payments on the (check only one):

15th of the month 30th of the month Amount to be charged: \$ _____

By signing below, I, _____, authorise Notre Dame School to charge my credit card on the dates I have indicated above.

Name: _____

Signature: _____

Date: _____

Cancellation/Change Policy

I also understand that if I wish to change any payment amounts or dates, I must cancel this agreement and create another. Any changes made will come into effect the date of signing of the new agreement.



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Interact E-Transfer Tuition Payment Form

Payor Information: _____

Address: _____

Home Phone Number: _____ Cell Phone: _____

Email: _____

Tuition Payments

E-Transfers will be sent on the following day each month for my regular tuition payments to nd/accounting@cispg.ca (**check only one**):

15th of the month

30th of the month

Amount to be charged: \$ _____

By signing below, I, _____ authorize Notre Dame School to accept my E-transfer on the dates I have indicated above.

Name: _____

Signature: _____

Date: _____