St. James School

2700 – 28th Avenue
Vernon, BC V1T 1V7
Telephone: (250) 542-4081
Fax: (250) 542-5696
Principal Email: principalsjs@shaw.ca

Welcome to St. James!

www.stjamesvernon.com

What will you find at St. James?

- A caring and inclusive atmosphere with staff who love kids and kids who love learning
- Qualified Teachers and Educational Assistants
- Enriching Religious and Spiritual formation
- A commitment to ensuring that every child feels safe, accepted, respected, and a sense of belonging
- Staff trained to support ERASE Bullying protocols
- Adherence to the BC Ministry of Education's K – 7 Curriculum requirements
- A Full-time, five day a week, Kindergarten program that supports the transition of children and families into our school community
- Access to info via the St. James School App and accompanying website
- Ongoing/real-time parent/teacher/student communication via Fresh Grade
- Weekly school library access and instruction by a Certified Teacher Librarian
- French instruction and integration in the classroom from K - 7
- A commitment to providing excellent Arts Education in Visual Art, Music, and Drama.
- Technology-rich programming
- An active and welcoming parent community. An openness and encouragement of family participation through the Saints of Service (SOS) program and through a variety of Parent Support Group (PSG) family events
- An optional **full-time** hot lunch program provided by Chef JP
- Extended supervision (AM: 7:45; after school until 4:30PM)

Please phone the school at 250-542-4081 to arrange a school tour or to have someone assist you with your registration.

The Peace of Christ be with you,

Paul Rossetti
Principal

St. James Catholic School

Application & Registration Form (Form A)

2700 – 28th Avenue
Vernon, BC V1T 1V7
Telephone: (250) 542-4081
Fax: (250) 542-5696

Office Use Only
Date Rec'd
Reg Fee
Date Accepted
Notified

Please ensure that all information is completed in order for this application to be processed.

Student Information

LEGAL LAST NAME		STUDENT ID NUMBER	CARE CARD NUMBER
LEGAL GIVEN NAMES		SEX	BIRTH DATE
COMMON NAMES			
RELIGION			
BAPTISM DATE	BAPTISM PLACE	1st RECONCILIATION DATE	1st RECONCILIATION PLACE
1st COMMUNION DATE	1st COMMUNION PLACE	CONFIRMATION DATE	CONFIRMATION PLACE

Family Information

CHILD RESIDES WITH		HOME PHONE NUMBER	CELL PHONE NUMBER
MAILING ADDRESS		STREET ADDRESS (if different from mailing)	
CITY/ PROVINCE	POSTAL CODE	EMAIL ADDRESS	
FATHER'S NAME		FATHER'S RELIGION	
FATHER'S WORK	PHONE	PARISH	REGISTRATION/ENVELOPE#
MOTHER'S NAME		MOTHER'S RELIGION	MOTHER'S MAIDEN NAME
MOTHER'S WORK	PHONE	PARISH	REGISTRATION/ENVELOPE#

Emergency Information

EMERGENCY CONTACT	RELATIONSHIP	PHONE NUMBER	CELL PHONE NUMBER
FAMILY DOCTOR		PHONE NUMBER	
FAMILY DENTIST		PHONE NUMBER	
ALLERGIES			
HEALTH PROBLEMS			
LEGAL RESTRICTIONS (Please provide documentation, if applicable)			

Citizenship Information

BIRTH PROVINCE		BIRTH COUNTRY	LANGUAGE AT HOME
NATIVE ANCESTRY	BAND NAME	STATUS LIVING ON RESERVE	DIA NUMBER

Sibling Information

NAME	BIRTH DATE	NAME	BIRTH DATE
NAME	BIRTH DATE	NAME	BIRTH DATE

I certify that this information is complete and correct.

Name: (please print): _____ **Signature:** _____ **Date:** _____

St. James School

2700 – 28th Avenue, Vernon, BC V1T 1V7

New Student Interview Form for Grades 1 to 7

Date completed: _____ **Parent(s) at the interview** _____

Did the child attend the interview? _____ **Comments?** _____

Child's Full Name: _____

First name used by child: _____

INSTRUCTIONS FOR PERSON DOING THE INTERVIEWING: All or most of these questions are asked by the principal and/or pastor during the interview with the parent(s). The pastor will likely choose to ask additional questions relating to Catholicity.

Why have you chosen St. James for your child's education? _____

_____

_____

How did you hear about St. James School? _____

As a Catholic school, we educate children in the faith tradition of the Roman Catholic Church. How do you see your family supporting this goal? _____

_____

_____

Home Environment:

Does your child have chores/jobs that s/he is expected to do? _____ If so, what are they? _____

_____

What activities do you like to do as a family? _____

_____

Is there anything else you would like to tell us about your home environment that will help us understand your child better? _____

_____

_____

Child Development:

Describe the number of friends that your child prefers to play with

Many _____ A few _____ One _____ None _____

Does your child play well with/get along with other children? _____ Are these children older _____ younger _____ same age _____ all ages _____?

Does your child show empathy for others? _____ If yes, give an example of this. _____

_____

Does your child openly share feelings with you? _____ with others? _____Explain_____

_____

How does your child resolve conflicts with other children? with adults? _____

_____

What does your child do if s/he doesn't get her/his own way? _____

_____

What do you consider to be your child's greatest strengths? _____

_____

What do you consider to be your child's greatest challenges? _____

_____

Has your child has his/her eyes checked? _____ If so, when? _____

Has your child had his/her hearing checked? _____ If so, when? _____

If your child has had any assessments and/or support in the following, please indicate and provide a copy of any assessments or reports?

_____ psychological _____ psychiatric _____ behaviour interventionist

_____ speech therapy _____ occupational therapy

_____ other (please explain) _____

Pastor's Questions: The pastor will ask questions about Catholicity. These questions will vary depending on whether or not the family financially supports a parish through the use of envelopes.

Family Statement of Commitment: This will be carefully reviewed with the family during the interview.

St. James Catholic School

New Student Application (Form B)

2700 – 28th Avenue
Vernon, BC V1T 1V7
Telephone: (250) 542-4081
Fax: (250) 542-5696

Date:

Student Name:

Parent(s) Name(s):

Please ensure that all information is completed in order for this application to be processed.

Required Documentation For Student

COPY OF YOUR CHILD'S LAST REPORT CARD (at time of application): ☐	COPY OF STUDENT BIRTH CERTIFICATE ☐	COPY OF S.I.N. CARD OF ONE PARENT ☐
COPY OF STUDENT BAPTISMAL CERTIFICATE (Catholic Students) ☐	FAMILY STATEMENT OF COMMITMENT (B1) ☐	SIGNED & COMPLETED LEGAL RESIDENCY OF PARENT FORM (B2) ☐

Academic History: Former Schools Attended (& contact information if available)

Grades	Year	Name of School	Address	School Phone #

Student Profile (level of detail provided at your discretion)

Please comment on academic and/or disciplinary strengths and weaknesses that your child has as a student (i.e.: talents such as writing, math, artistry, athletics, leadership; difficulties such as reading, attention, discipline, special needs, chronic health).

Family Statement of Commitment (B1)

Child(ren)'s Name(s): _____
(please print) _____
_____

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, 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 BC by Catholic Bishops of BC.

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 School Council who will gladly discuss them with you.

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

- Parents and guardians agree that they and their *children will respect Catholic Denominational standards as contained in the Catechism of the Catholic Church.*
- All students are required to participate in our religious education curricular and co-curricular programs including liturgical celebrations, retreats, prayer, etc.
- Parents/Guardians are expected to support the Religious Education Program and participate in it as required.
- 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.
- 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 children.
- Each student is expected to know and follow school policies on behaviour.
- Parents/Guardians are expected to know and support school policy and procedures.
- **Parents/Guardians must attend an interview with the Principal and Pastor prior to the student being accepted into St. James School.**
- Parents/Guardians agree to accept the responsibility for the cost of tuition, supplies and school incidentals.

If any of these conditions are not met the school reserves the right to refuse admission, or remove the student from the school.

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

Parent's Name (please print) _____

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

Legal Residency of Parent (B2)

(Required by the Ministry of Education for purposes of funding)

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).

1. **I am** (please ☒ one):

   ☐ A Canadian citizen (please attach a copy of parent's birth certificate or citizenship paper/card)

   ☐ A Permanent Resident (please attach a copy of parent's landed immigrant status paper or Permanent Resident Card)

   ☐ Lawfully admitted to Canada under the Immigration and Refugee Act (Canada) with one of the following documents (please mark the appropriate ☐ box below and attach a photocopy of document):

   - ☐ Admission as 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 office, 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

   _____

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

   ☐ Yes Residency Address: _____

   _____

   _____

   ☐ No, I am not a resident of British Columbia

Confirming Signatures:

3. Parent's/Legal Guardian's Name (please print): _____

   Parent's/Legal Guardian's Signature: _____

   Date: _____

For Office Use Only

Proof of Residency: _____ ***Date:*** _____
Initials

FIELD TRIP MEDICAL INFORMATION AND CONSENT FOR MEDICAL CARE (D2)

Please complete one form for each student

Student Name: _____

Medical Information

CARE CARD NUMBER:_____

Does your child have any allergies or medical problems for which we should be aware of and/or that medicine is required?

_____ Yes _____ No

If **YES** please advise below.

ALLERGIES and/or MEDICAL PROBLEMS, MEDICATION and/or DIRECTIONS FOR MEDICATION USE:

_____

_____

_____

_____

Permission to Administer Medication

I, _____, give permission to St. James School to
(parent's name printed)

administer the necessary medication to _____.
(student's name printed)

Ambulance Services

In the event that an accident or sudden illness requires hospitalization and I (we) cannot be contacted I give St. James School permission to call an ambulance and I (we) will assume responsibility for all costs.

_____ _____

(Signature) (Date)

Personal Information Privacy Policy For Parents And Students (D1)

Child(ren)'s Name(s) _____
(please print) _____
_____

The School's Commitment to You

Safeguarding personal information of parents and students is a fundamental concern of **CATHOLIC INDEPENDENT SCHOOLS of the KAMLOOPS DIOCESE (CISKD)**. The school is committed to meeting or exceeding the privacy standards established by British Columbia's *Personal Information Protection Act* (PIPA) and any other applicable legislation. You may ask to view the complete version of this Personal Information Privacy Policy at the school office.

The information requested in the enclosed documents is required in order to register your child at this school and assist the school authority 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 officer for **CISKD – ST JAMES SCHOOL** *is Dianne Wilson, Principal who may be reached at 250-542-4081.*

Permission To Collect Personal Information

I consent to having CISKD 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 name and number, health insurance number and any similar information needed for registration.

I further consent to the use and disclosure of information contained in this form and otherwise collected by or on behalf of CISKD (1) for the purpose of establishing, maintaining, and terminating the student's or parent's relationship with CISKD, (2) for additional purposes identified when or before personal information is collected, and (3) as otherwise provided in CISKD's Personal Information Privacy Policy, a copy of which is available on request. I also consent to the collection, use and disclosure of such personal information by and to agents, contractors and service providers of CISKD.

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

Permission To Use Student Photos and Work Samples

From time to time St. James School wishes to use photos or work samples of our students in our school newsletter, on the school web site, or in other promotional materials. Also, at times the school submits, or is asked to permit the use of pictures or writings of students from St. James School to the news media, including the Diocesan News.

Please sign this portion if your child's name/work/photo is allowed to be used for these purposes.

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

Parent's Name (please print): _____

The permissions granted on this document are effective for the period the student(s) is attending St. James School unless revoked in writing by the parent/guardians or school.

Vernon, BC **GENERAL CONSENT OF PARENT/GUARDIAN** St. James School

FOR STUDENT PARTICIPATION IN LOW RISK WALKING FIELD TRIPS

To the Parent(s)/Guardian(s) of: _____ Grade: _____

Please read the contents of this Consent and Acknowledgement of Risk form. PLEASE RETURN THIS SIGNED FORM WITH THE REGISTRATION PACKAGE.

PROGRAM/ACTIVITY INFORMATION

OFF-SITE DESTINATIONS INCLUDE, BUT ARE NOT LIMITED TO:

- ST. JAMES CHURCH
- VERNON AND DISTRICT PERFORMING ARTS CENTRE
- OKANAGAN REGIONAL LIBRARY - VERNON BRANCH
- VERNON ART GALLERY
- POLSON PARK
- VERNON MUSEUM
- DOWNTOWN VERNON
- OTHER LOCATIONS WITHIN A 2KM (30MIN) WALK FROM THE SCHOOL

SUPERVISION: SJS STAFF

OTHER CONSIDERATIONS: DETAILS OF INDIVIDUAL TRIPS WILL BE COMMUNICATED VIA FRESH GRADE OR EMAIL.

BOARD RESPONSIBILITIES

The board will make every reasonable effort to ensure or ascertain that:

a. The staff, volunteers and/or service providers involved are suitably trained and qualified.
b. The students are adequately supervised over all aspects of the program/activity.
c. The location(s) used are appropriate and safe for the activity(ies) and group.
d. Equipment used has been inspected and deemed appropriate and safe.
e. A Safety Plan is in place to identify and manage known potential risks.
f. An Emergency Plan is in place to deal with an injury or illness to any of the students.

POTENTIAL KNOWN RISKS

Potential known risks include the following: WALKING ALONG SIDEWALKS, CROSSING STREETS, UP AND DOWN STAIRS, AND PLAY STRUCTURES.

CONSENT AND ACKNOWLEDGEMENT OF RISK

Destination/Activity/Program: SEE ABOVE.

1. I acknowledge my right to obtain as much information as I require about this program or activity and associated risks and hazards, including information beyond that provided to me by the school or board.
2. I freely and voluntarily assume the risks/hazards inherent in the program/activity and understand and acknowledge that my child may suffer personal and potentially serious injury arising from his/her participation.
3. My child has been informed that he/she is to abide by the rules and regulations, including directions and instructions from the school's and/or service provider's administrators, instructors, and supervisors over all phases of the program/activity.
4. In the event my child fails to abide by these rules and regulations, disciplinary action may require his/her exclusion from further participation, or that I be contacted to have him/her picked up, unless I have specified other transport arrangements.
5. I acknowledge that it is my responsibility to advise the Lead Teacher of any medical and/or health concerns of my child that may affect his/her participation in the stated program or activity.
6. I acknowledge that the trip supervisors may secure transport to emergency medical services as they deem necessary for my child's immediate health and safety, and that I shall be financially responsible for such services.
7. Based on my understanding, acknowledgement, and consents as described herein,

(Name of Student) _____ (Date of Birth) _____ has my permission to participate.

Date: _____ Name (*Please print*): _____ Signature: _____

Parent/Guardian Contact Numbers: Day _____ Evening _____

Personal information contained on this form is collected under the authority of the Schools Act, for the purpose of participating in school trips. If you have any questions about this form, please contact your school principal.

St. James School Tuition Fees
2020-2021

# of Children	***Monthly Fee*** **Based on 10 payments /year (Sept – June)** **(Payments can be spread over 12 months upon request)** **5% discount if payment in full at registration or prior to September 15, 2020**	
GRADES K - 7 1 CHILD	Parish Supporter	$350.00
	Non-Parish Supporter	$440.00
GRADES K - 7 2 CHILDREN	Parish Supporter	$550.00
	Non-Parish Supporter	$690.00
GRADES K - 7 3 + CHILDREN	Parish Supporter	$620.00
	Non-Parish Supporter	$760.00

	St. James Catholic School *2700 - 28 Avenue* *Vernon, BC V1T 1V7* *Telephone: 250-542-4081* *Fax: 250-542-5696*	Student(s) Name(s) & Grade(s) 1 2 3 4

Payment Options 2020/2021

Pre-Authorized Debit - Banking information must be renewed each year

Please include void cheque/banking information with Registration Package a minimum of 1 month before the date you are wanting the PAD to start.

☐ 10 Payments:

- ☐ 5-Sep-2020 - (Beginning Sept 5, 2020 & Ending June 5, 2021)
- ☐ 22 Sep-2020 - (Beginning Sept 22, 2020 & Ending June 22, 2021)

☐ 12 Payments:

- ☐ 5-July-2020 - (Beginning July 5, 2020 & Ending June 5, 2021)
- ☐ 22, July-2020 - (Beginning July 22, 2020 & Ending June 22, 2021)

Post Dated Cheques please include cheque's with Registration Package

☐ 10 Payments:

- ☐ 5-Sep-2020 - (Beginning Sept 5, 2020 & Ending June 5, 2021)
- ☐ 22 Sep-2020 - (Beginning Sept 22, 2020 & Ending June 22, 2021)

☐ 12 Payments:

- ☐ 5-July-2020 - (Beginning July 5, 2020 & Ending June 5, 2021)
- ☐ 22, July-2020 - (Beginning July 22, 2020 & Ending June 22, 2021)

☐ Lump Sum - 5% Discount if paid by September 15, 2020, Please include post dated check

☐ **Other** Please Specify (ie: Cash)

Alternate Payment: **If someone other than you will be paying** all or part of the tuition, please complete the following section and **include their payment information** (ie: post dated check, void check, preauthorized debt).

Name:	Relationship to Student(s):	Phone Number:
Form of payment:	% of Tuition paid by Other:	% of Tuition paid by Parents/Guardians
Mailing Address:		

Parent/Guardian Name (please Print)

Date

Parent/Guardian Signature

PREAUTHORIZED DEBIT AUTHORIZATION FORM (E1)

Complete all sections to instruct your financial institution to make payments directly from your account. Return the completed form to us, **with a blank cheque marked "void"**.

Payee:

St. James School
2700 – 28th Avenue
Vernon, BC V1T 1V7

Telephone:
(250) 542-4081

Financial Institution Branch:	
Name of Financial Institution:	Address:

Transaction Information:

Transaction Type: 4 5 0 Personal ☐ Business ☐

Cross reference: _____ Office Use Only

First due date: _____ (mm dd yy) Final due date: _____ (mm dd yy)

Frequency: _____ $ Amount: _____

Payor:	
Names of Account Holders:	Address:

_____
Account Number

Office Use Only

I (we) hereby authorize **St. James School** to draw on my (our) account with the afore-mentioned financial institution, for the following purpose, **Tuition and School Fees**.

By signing this authorization, I (we) acknowledge that I (we) understand I (we) are participating in the Pre-authorized Debit Plan established by **St. James School**, and I (we) accept participation in the PAD plan upon the terms and conditions set herein.

I (we) consent to the disclosure of any personal information that may be contained in this authorization to the financial institution that holds the account for **St. James School** with the pre-authorized debit to the extent that such disclosure of personal information is directly related to and necessary for the proper application of Rule H4 of the Canadian Payments Association Rules:

_____ _____
Signature of Account Holder Date:

_____ _____
Signature of Account Holder Date:

See over for terms and conditions

Valid Signing Authority - I (we) warrant that all persons whose signatures are required to sign on this account have signed this agreement.

Cancellation of Agreement - I (we) acknowledge that, in order to completely revoke this authorization, I (we) must provide and deliver written notice of revocation to **St. James School**. This authorization may be cancelled at any time by me(us).

Acceptance of Delivery of Authorization - I (we) acknowledge that provision and delivery of this authorization to **St. James School** constitutes delivery by me (us) to the afore-mentioned financial institution. Any delivery of this authorization to you constitutes delivery by me (us).

Validation by Financial Institution - I (we) acknowledge that the afore-mentioned financial institution is not required to verify that the debit has been issued in accordance with the particulars of the authorization including the amount and frequency of payments.

I (we) acknowledge that the afore-mentioned financial institution is not required to verify that any purpose of payment for which the debit was issued has been fulfilled by **St. James School** as a condition to honouring a preauthorized debit issued by on my (our) account.

Contract for Goods/Services – Revocation of this authorization does not terminate any contract for goods or services that exists between me (us) and **St. James School**. My (our) authorization applies only to the method of payment and does not have any bearing on the contract for goods and services exchanged.

Change of Account Information – I (we) undertake to inform **St. James School**, in writing of any change in the account information provided in this authorization prior to the next due date of the debit.

Pre-notification – If this authorization is for personal/household debits, I (we) acknowledge we will receive:
a) with respect to fixed amount pre-authorized debits, written notice from **St. James School** of the amount to be debited and the due date(s) of debiting, at least 10 calendar days before the due date of the first pre-authorized debit, and such notice will be received every time there is a change in the amount or the payment dates(s); or

b) with respect to variable amount pre-authorized debits, written notice from the Payee on the amount to be debited and the due date(s) of debiting, at least 10 calendar days before the due date of every pre-authorized debit; except that if the pre-authorized debit plan provided for the issuance of a pre-authorized debit in response to a direct action by me (us) (such as, but not limited to, a telephone instruction) requesting **St. James School** to issue the pre-authorized debit the 10 day pre-notification is waived.

If this authorization is for business pre-authorized debits, I (we) waive any and all requirements for pre-notification of debiting.

Rights of Dispute – I (we) acknowledge that a pre-authorized debit may be disputed only under the following conditions:
a) the pre-authorized debit was not drawn in accordance with this authorization
b) my (our) authorization was revoked
c) pre-notification was required and was not received

I (we) further acknowledge that in order to be reimbursed, a written declaration to this effect must be given to my(our) financial institution on or before the 90th calendar day, the case of personal/household pre-authorized debit or on or before the 10th business day, in the case of a business pre-authorized debit, after the date on which the pre-authorized debit in dispute was posted to my (our) account. I (we) acknowledge that any claim made after the periods set out above must be resolved solely between me (us) and **St. James School**.

St. James School

2700 28th Avenue Vernon, BC V1T 1V7
T: 250-542-4081 F: 250-542-5696

Saints of Service Parent Participation Program 2020-2021

Family Name: _____ (Child)ren name(s): _____

Mother's First Name: _____ Home Number: _____ Cell: _____

Father's First Name: _____ Home Number: _____ Cell: _____

Mother's email: _____ Father's email: _____

What is required?

- Participation of 20 hours per year for each family from July 1, 2020 to June 30, 2021
- Choose your desired participation level and attach **one cheque to this form in the amount of $300**, payable to St. James School, **dated September 1, 2020 or May 15, 2021** per your participation level choice
- Mark five or more areas of interest from the list below.
- Dates and events are subject to change.
- When working with students, all volunteers require a Ministry of Justice criminal check which will need to be kept on file. The forms are available in the school office or on the school's web site. The completed forms can be dropped off at the office, which will be faxed directly to the Ministry of Justice.

Online Sign Up Genius Program is used to organize volunteers. Volunteer hours are recorded in a binder by the school office.

	Category	✔		Category	✔
1	School Countil or Parent Support Group Executive		15	Hot Lunch (Daily).	
2	St. James School Events		16	Uniform sales. New and Used.	
3	Community Builders (through-out year). Movie nights, family fun night, skating party, OKIB cultural event.		17	Coaching: Volley ball, basketball, track and field, cross country running.	
4	Scholastic Book Fair (October). Set-up, take-down, fair sales, promotions.		18	Office Aide. Assist as required.	
5	Poinsettias (November). Count money/orders, promo/sales, order pick-ups.		19	Classroom helper/bulletin boards. Assist as required.	
6	Christmas Market (December). Coordinate donations, sell tickets, count money.		20	Bottle recycling. Gather bottles from school bins, take to depot, sort and return money to office.	
7	One to One Reading		21	Cleaning Bees. Inside of school.	
8	Walk-a-thon (Spring).		22	Handy Man Projects. Repairs, maintenance.	
9	February Family Fling. promotion, ticket sales, concession, decorations		23	Volunteer Driver or field trip chaperone.	
10	Pub Auction Night (March). Concession, auction, ticket sales, decorations, casino.		24	Flexible person. Able to assist in a pinch.	
11	Library Helper: Assist as required		25	Spring work party. Exterior clean-up.	
12	Staff appreciation luncheon (End of June). Set-up, take-down, meal planning/preparation.		26	Phoning committee.	
13	Christmas concert. Props, costumes, as required.		27	Landed learning/garden: Watering & weeding.	
14	Church bulletin boards - display pictures from school		28	Ishmael's Spear-it.	

OTHER: Please indicate any other areas of interest you may have as well as any additional information that may help us serve you better.

Please indicate which Participation Level you choose (check one option below and sign)

✔			✔	
	I choose to participate in the Saints of Service (SOS) Parent Participation Program by completing 20 volunteer hours by May 30th, 2021. I **enclose a $300 cheque dated May 15, 2021** which will be cashed only if I do not complete all 20 hours. I understand there will be no refund processed for partial completion of the assigned 20 hours of Parent Participation. **Signature**_____	**OR**		I choose **NOT** to actively participate in the SOS Parent Participation Program through volunteer hours. I agree to participate by paying the $300 fee. I have **enclosed a cheque for $300 dated September 1st, 2020** which will be deposited immediately. **Signature**_____

St. James Parish
Our Lady of the Valley Parish
St. Benedict's Parish

Pastor's Reference Form

Application for 2020/2021 Parishioner Rate

(Must Re-register each year at Parish Office)

To be Completed by Applicant:

Parish: _____ Parent's Names: _____ Envelope # _____

Address: _____ Phone # _____

Email Address: _____

Students's Name:

_____ Grade: _____ (Baptism_____ First Communion ____ Confirmation ____)

_____ Grade: _____ (Baptism_____ First Communion ____ Confirmation ____)

_____ Grade: _____ (Baptism_____ First Communion ____ Confirmation ____)

_____ Grade: _____ (Baptism_____ First Communion ____ Confirmation ____)

To be Completed by the Family's Pastor: *The Pastor's signature indicates the family qualifies for the parish supporter rate at St. James School for the 2020/2021 school Year.*

Pastor's Comments:

Pastor's Signature: _____ **Date:** _____

Please submit this document to the school along with your St. James School Registration or Re-Registration