

St. James School

2700 – 28th Avenue

Vernon, BC V1T 1V7

Telephone: (250) 542-4081

Email: office@stjamesvernon.com



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 ensure 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 by the latest technology available
- ❖ Weekly school library access and instruction by a Certified Teacher Librarian
- ❖ French instruction and integration in the classroom from K - 7
- ❖ A commitment to provide 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 with the Saints of Service (SOS) program and a variety of Parent Support Group (PSG) family events
- ❖ An optional **full-time** hot lunch program
- ❖ Extended supervision (7:45am before school, after school until 4:30PM)

Please phone the school at 250-542-4081 to arrange a school tour and/or answer any of your questions.

The Peace of Christ be with you,

Paul Rossetti

Principal





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

Kindergarten Interview Form

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

Did the child attend the interview? _____ Comments? _____

Child's Full Name: _____

First name used by child: _____

The following questions will help us know more about your child.

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 time does your child usually go to bed? _____ Is there a special routine before going to bed? (c.g. story, prayers, bath, song) _____ If so, briefly describe the routine? _____

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? _____

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

Does your child openly share feelings? 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? _____

Please check off the things that your child can do **independently**

_____ tie shoes _____ dress self _____ do up buttons _____ do up zippers
_____ print name _____ cut with scissors _____ recite or sing the alphabet _____ count to 10

Has your child attended any of the following?

_____ Strong Start _____ Day care _____ Preschool _____ lessons (swim, dance, etc.)
_____ other _____

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? _____ hearing checked? _____

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 _____

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.



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Registering for Grade: _____

PERSONAL INFORMATION

Student's Legal Names: _____
LEGAL SURNAME FIRST MIDDLE

Student Usual First and Last Name Used (if different): _____

Birthdate: Month _____ Day _____ Year _____ Sex: Male: _____ Female: _____

Birth Province or Birth Country: _____ Child's Religion: _____

ABORIGINAL ANCESTRY:

Status _____
Non-Status _____
Metis _____

Band Name & No. _____

FAMILY INFORMATION

Mailing Address: _____

City: _____ Postal Code: _____

House Address: (if different) _____

Home Phone: _____ Mother's Cell No.: _____ Father's Cell No.: _____

Emails: Mother: _____

Father: _____

Applicant Lives With: Both Parents ☐ Mother ☐ Father ☐ Shared Custody ☐ Guardian ☐

Mother's/Guardian's Name: _____ Resident in Home: Yes ☐ No ☐

Employer: _____ Occupation: _____ Work No.: _____

Father's/Guardian's Name: _____ Resident in Home: Yes ☐ No ☐

Employer: _____ Occupation: _____ Work No.: _____

Emergency Contact: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Authorized pick up: Name: _____ relationship: _____ contact #: _____

Authorized pick up: Name: _____ relationship: _____ contact #: _____

Names of Brothers/Sisters and Birthdates: _____ DOB: _____

DOB: _____

DOB: _____

Walking Consent:

Does the child(ren) have authorization to: walk home: ☐ YES ☐ NO
:Parents place of work: ☐ YES ☐ NO

In the event of a police or fire department response in the walking area, St. James School requires the direction of walking:

☐ NORTH ☐ SOUTH ☐ EAST ☐ WEST

MEDICAL INFORMATION

BC Care Card Number: _____ Medical Alert: YES ☐ NO ☐

Medical Condition: _____ Medic/Alert Bracelet: _____ Where Worn: _____

Is this child currently on any medications: YES ☐ NO ☐

If Yes: Description: _____

***Note:** If your child has prescribed medication, EPI Pen, etc. that will need to be administered during school hours please pick up required form at the office prior to the start of the school year.*

Physical Disabilities/Limitations: _____ Allergies: _____

Doctor's Name: _____ Phone No.: _____

EDUCATIONAL INFORMATION

Former School: _____ Address: _____

City: _____ Province: _____ Postal Code: _____

Has this child received Special Education Programming YES _____ NO _____

Has this child received Learning Assistance: YES _____ NO _____

I give permission for the transfer of all information and Documentation pertaining to my child as named above:

Parent/Guardian Signature

Date



St. James School
Legal Residency of Parent

*Please ensure that all information is complete in order for this application to be processed.
(Required by the Ministry of Education for purposes of funding)*

Student Name: _____ Grade: _____

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 X one): Please provide a copy of your driver's License

_____ A Canadian citizen (if not born in Canada, please attach photocopy 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 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 one year or longer.
- ☐ Employment authorization (working permit) for one year or longer.
- ☐ A person carrying out official duties as a diplomatic or consular official (with a foreign representative acceptance counter foil in his/her passport)
- ☐ Other – document description: (must be cleared with Immigration Canada)

(Residency in British Columbia)

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

☐ YES Residency address: _____

☐ NO I am not a resident of British Columbia.

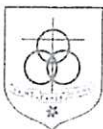
Confirming Signatures:

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

Parent/Legal Guardian's Signature: _____

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

NOTE: Copy of an up-to-date court order must be on file with the school.



St. James School

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T: 250-542-4081 email: office@stjamesvernon.com

Saints of Service Parent Participation Program 2022-2023

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

Mother's First Name: _____ email: _____ Cell: _____

Father's First Name: _____ email: _____ Cell: _____

What is required?

- Participation of 20 hours per year for each family from July 1, 2022 to June 30, 2023
- Choose your desired participation level. Attach **one** cheque to this form in the amount of \$300.00 payable to St. James School, dated **September 1, 2022 or May 15, 2023** per your participation level choice
- Mark five or more areas of interest from the list below.
- Dates and events are subject to change.
- Volunteers who work with students, require a Criminal Record check that is kept on file. Contact the school office for more information.

Online Sign Up Genius Program is used to organize volunteers.

	Category	✓		Category	✓
1	Local School Committee (LSC) or Parent Support Group (PSG) Executive		13	Gently used Uniforms - wash/sort clothes	
2	St. James School Events		14	Uniform sales. New and Used.	
3	Community Builders (through-out year). Movie nights, family fun night, skating party, OKIB cultural event.		15	Coaching: volleyball, basketball, track and field, cross country running.	
4	Scholastic Book Fair (October). Set-up, take-down, fair sales, promotions.		16	Classroom helper/bulletin boards. Assist as required.	
5	Poinsettias (November). Count money/orders, promo/sales, order pick-ups.		17	Cleaning Bees. Inside of school.	
6	Christmas Market (December). Coordinate donations, sell tickets, count money.		18	Handy Man Projects. Repairs, maintenance.	
7	One to One Reading		19	Volunteer Driver or field trip chaperone.	
8	Terry Fox Run		20	Spring work party. Exterior clean-up.	
9	February Family Fling. promotion, ticket sales, concession, decorations		21	Ishmael's Spear-it.	
10	Pub Auction Night (March). Concession, auction, ticket sales, decorations, casino.		22	Christmas concert. Props, costumes, as required.	
11	Library Helper: Assist as required		23	Church bulletin boards - display pictures from school	
12	Staff appreciation luncheon (End of June). Set-up, take-down, meal planning/preparation.		24	Organize Lost & Found	

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

<input checked="" type="checkbox"/>	I choose to participate in the Saints of Service (SOS) Parent Participation Program by completing 20 volunteer hours by May 30th, 2023. I enclose a \$300 cheque dated May 15, 2023 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.	OR	<input checked="" type="checkbox"/>	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 provided either a cheque or cash for \$300 dated September 1st, 2022 which will be deposited immediately.
	Signature _____			Signature _____

St. James School FAMILY STATEMENT OF COMMITMENT
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Family Name: _____

Family Email Address: _____

Child(ren)'s Full Name:	Grade:
_____	_____
_____	_____
_____	_____

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, 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 the 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 local School Committee who will gladly discuss them with you.

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

- Parent/Guardian 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 curriculum and co-curriculum programs including liturgical celebrations, retreats, prayer, etc.
- Parent/Guardian 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 her/his full academic potential.
- 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 children.

- Each student is expected to know and follow school policies on behavior.
- Parent/Guardian are expected to know and support school policy and procedures.
- Parent/Guardian must attend an interview with the Principal and Pastor prior to the student being accepted into St. James School.
- Parent/Guardian agree to accept the responsibility for the cost of tuition, supplies and other school activities.

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

OATH OF CONFIDENTIALITY FOR VOLUNTEERS

Our St. James School is blessed with many community members who graciously give of their time and talents in service to our staff and students. To conform with employee/student rights to privacy, each volunteer is asked to complete and sign a pledge of confidentiality.


I do solemnly swear as a volunteer at St. James School to hold in strictest confidence all matters that occur in the setting of the classroom, library, office, etc.

PERSONAL INFORMATION & PRIVACY FORM

I consent to having CATHOLIC INDEPENDENT SCHOOLS KAMLOOPS DIOCESE (CISKD) collect personal information that may include student identification information, birth certificate, legal guardianship, court orders if applicable, parents' work numbers and email 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)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.

This information 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(ren)'s appropriate placement in the school. It will also allow the school to respond immediately, to an emergency. For more information, the privacy officer for St. James School is Mr. Paul Rossetti, Principal and may be reached at 250-542-4081.

 Parent/Guardian Signature: _____ Date: _____

From time to time St. James School wishes to use photos and/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.

I consent to having my Child(ren)'s photos and/or work samples used by St. James School:

 Parent/Guardian Signature: _____ Date: _____

The school must prepare an emergency family phone list. Please sign below to indicate that you consent for the publication of your phone number for emergency purposes.



Parent/Guardian Signature: _____ Date: _____

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



Parent/Guardian Signature: _____ Date: _____

Release and Storage of Parent Personal Information

St. James School acknowledges that there will be no disclosure of personal information to unauthorized personnel or third parties who are not directly involved in school management or the care, supervision and instruction of your Child(ren)'s 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.

I HAVE READ AND UNDERSTAND THE ABOVE EXPECTATION, COMMITMENTS, AUTHORIZATIONS AND I HEREBY ACCEPT THEM AS STATED.



Parent/Guardian Signature: _____

Parent (printed) name: _____



Parent/Guardian Signature: _____

Parent (printed) name: _____

Dated: _____



ACCESS TO INTERNET BASED RESOURCES (WEB ACCESS AND CLOUD STORAGE)

To access the St. James School Google Apps for Education (GAFE) account this form must be completed and returned to the school.

STUDENT NAME: _____

SCHOOL: St. James School (SJS) **Grade:** _____

Google Apps for Education (GAFE) is an Internet-based resource that utilizes web access and cloud storage. St. James School (SJS) can provide students with a district-managed Google Apps for Education account. This provides students with a powerful collection of online collaboration and productivity tools, as well as unlimited online file storage space to be used for educational purposes. Each student will have their own secure login and password to access their account.

In order for student to use GAFE, SJS needs to provide Google with student's names, school and grade levels, and for clarity, no other personal information. SJS is required to obtain the consent of parents before providing this personal information as required by the British Columbia School Act and Freedom of Information and Protection of Privacy Act. In accordance with these Acts, parents may provide consent or decline to consent (in which case the student will not be able to use GAFE), and may provide a further written response.

It is important to be aware that GAFE is an online service that is hosted outside British Columbia and possibly Canada. Only Student names, school, and grade levels will be disclosed to GAFE who hosts this service and will store the GAFE account information on secured servers located outside of Canada. While stored outside the country, information in your child's GAFE account may be subject to the laws of foreign jurisdictions including, in the United States, the USA Patriot Act, Privacy legislation requires that we inform you of this and obtain your consent to this arrangement.

Consent:

I understand that my child's information will be used for Google Apps for Education. This consent will be considered valid from the date at which it is signed until which point the student named below is no longer a student at SJS, unless at any subsequent time the consent is revoked with written notice delivered to the school.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

St. James School
GENERAL CONSENT OF PARENT/GUARDIAN
FOR CLASS TRIPS WITHIN WALKING DISTANCE OF SJS

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 ACTIVITIES:

RELIGION PROGRAM: Monthly Mass times (usually the first Friday of the month) , other trips to St. James Church with the class

DAILY PHYSICAL ACTIVITIES: Walks or runs in the neighbourhood as part of Physical Education (P.E.)

Other LOW RISK Activities: may include Polson Park, Okanagan Science Centre, Okanagan Regional Library, VPAC & other such locations.

PURPOSES: To enrich the student learning experience

METHOD OF TRANSPORTATION: walking within 30 minutes or 2.5 km

SUPERVISION: All off-site activities are supervised by the classroom teacher.

COST TO THE STUDENT: no cost/TBD

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; crossing the street; going up and down stairs

CONSENT AND ACKNOWLEDGEMENT OF RISK

Destination/Activity/Program: SEE ABOVE

Dates: ongoing throughout the time that the student is registered at St. James School

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 _____

Catholic Education, Independent School Funding, and Parish Supporters.

Dear Parents / Guardians

The Church continues to promote Catholic Schools as one of the best ways to assist parents in forming their children in the ways of the Catholic Faith. Jesus has instituted the Church to proclaim His Word to all nations and we do our best to be faithful to what He asks of us. As a Church, we continue to pray every day that we will "...go and make disciples of all nations ..." (Matthew 28:19).

The Catholic Bishops of British Columbia state, in their philosophy of education for Catholic Schools in the Province of BC, that "all those involved in Catholic education are called to build communities of faith and holiness. In partnership with the family and the Parish, the Catholic School builds up both the Family of Faith and the human community." As the Pastor of the Vernon, Coldstream, and Okanagan Reserve Parishes, I support this philosophy.

Our Catholic Schools are funded in the following ways:

1. **Provincial Government Grant** – a per student grant that is 50% of the operating grant provided to local Public Schools
2. **Tuition** – rates are determined annually by the Local School Committee and Principal
3. **Parish Support** – financial support provided by the Parishes to the school to help meet the operating costs per student
4. **School Fundraising Activities**

The Parishioners of St. James, Our Lady of the Valley, St. Benedict's and St. Theresa's Parishes support St. James School in a financial manner. Traditionally, tuition rates have differed for families who are parish supporters and those who are not parish supporters. The reason parish supporter families receive a lower tuition rate is due to the fact that these families support their Parish through their voluntary envelope offerings. The family supports the Parish and the Parish supports the Catholic School.

To be fair and just to all of our families, beginning in the School Year, families who indicate that they are practicing Catholics and parish supporters will meet the following criteria:

- The Family believes and lives their Catholic Faith as taught in the Catechism of the Catholic Church and the precepts of the Catholic Church
- The Parents understand their role as the first and best teachers of their children in matters of Faith
- The Family is registered in a Catholic Parish and submits an envelope on a regular basis to that Parish

Your registration package contains a Pastor's reference form that must be completed as part of the re-registration or registration process. This form reflects the new criteria in place for the coming School Year.

Please ensure you complete the following steps:

1. Provide all personal details: name, address, email
2. Student names and sacraments received
3. Envelope number - **must be included**
4. Email Father Peter to arrange for an interview frpeter@shaw.ca
5. Return form to the School office with your completed registration

The School office will forward your completed form to Father Peter. Father Peter will determine the tuition rate for the School year during your interview. Father Peter will verify the information and sign the form, if applicable. The signed form will then be returned to the School so that the parish supporter rate can be assigned to those families meeting the criteria. In the absence of a signed Pastor's reference form, families will be charged the non-parish supporter rate.

If you have any questions regarding this criteria, please contact Father Peter frpeter@shaw.ca

The costs of operating our Catholic School increase in the same manner as other opportunities in our society and it is my desire to continue to develop policies and programs, in conjunction with our Administration, Teachers, Staff, and our Local School Committee, that maintain St. James School's high standards and cost efficiency. With your continued cooperation, your offerings of your time, talent, and treasure, and the generous support provided by our Parishes, we pray that our Catholic School Education will grow, develop, and thrive for generations to come.

This letter was initially written by Father Dale Normandeau. It has been slightly modified since its original publication to keep up with current practice.

Yours Sincerely in Christ,

A handwritten signature in black ink, appearing to read 'P. Rossetti', with a long horizontal line extending to the right.

Paul Rossetti
Principal

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

Pastor's Reference Form
Application for 2022/2023 Parishioner Rate

(Must Re-register each year)

To be completed by Applicant and returned with the re/registration package

Parish you attend: (circle one) St. James OLOV St. Benedict Sacred Heart

Your designated Envelope # _____

Parent's Names: _____

Address: _____

Phone # _____ **Email Address:** _____

Student's Name:

_____ **Grade:** _____ (Baptism _____ First Communion _____ Confirmation _____)

_____ **Grade:** _____ (Baptism _____ First Communion _____ Confirmation _____)

_____ **Grade:** _____ (Baptism _____ First Communion _____ Confirmation _____)

_____ **Grade:** _____ (Baptism _____ First Communion _____ Confirmation _____)

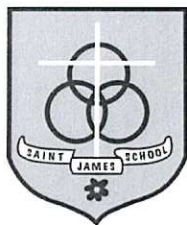
New family to St. James School – contact Fr. Peter Nguyen @ frpeter@shaw.ca to introduce yourself

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 2022/2023 school Year.*

Pastor's Comments:

Pastor's Signature: _____

Date: _____



St. James School Tuition Rates 2022/2023

PARISH SUPPORTER RATES:

**Families must be registered at the Parish with envelopes*

MONTHLY RATES

Number of Children	Yearly Tuition	10 Monthly Payments (Sept – June)	12 Monthly Payments (July to June)
1 Child	\$ 3,950.00	\$ 395.00 (385.00)	\$ 329.16 (320.83)
2 Children	\$ 6,200.00	\$ 620.00 (610.00)	\$ 516.67 (508.33)
3 Children or More	\$ 6,950.00	\$ 695.00 (685.00)	\$ 579.17 (570.83)

TUITION – FULL PAYMENT BALANCE DUE BY SEPTEMBER 15, 2022

Number of Children	Yearly Tuition	5 % Discount	BALANCE due Sept 15, 2022
1 Child	\$ 3,950.00	- \$ 197.50	\$ 3,752.50
2 Children	\$ 6,200.00	- \$ 310.00	\$ 5,890.00
3 Children or More	\$ 6,950.00	- \$ 347.50	\$ 6,602.50

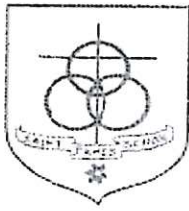
NON-PARISH SUPPORTER RATES:

Number of Children	Yearly Tuition	10 Monthly Payments (Sept – June)	12 Monthly Payments (July to June)
1 Child	\$ 5,150.00	\$ 515.00 (505.00)	\$ 429.17 (420.83)
2 Children	\$ 8,050.00	\$ 805.00 (795.00)	\$ 670.83 (662.50)
3 Children or More	\$ 8,900.00	\$ 890.00 (880.00)	\$ 741.67 (733.33)

TUITION – FULL PAYMENT BALANCE DUE BY SEPTEMBER 15, 2022

Number of Children	Yearly Tuition	5 % Discount	BALANCE due Sept 15, 2022
1 Child	\$ 5,150.00	- \$ 257.50	\$ 4,892.50
2 Children	\$ 8,050.00	- \$ 402.50	\$ 7,647.50
3 Children or More	\$ 8,900.00	- \$ 445.00	\$ 8,455.00

(Amount in bracket reflects \$100.00 deposit)



St. James Catholic School

2700 - 28 Avenue
Vernon, BC V1T 1V7
Telephone: 250-542-4081

Student(s) Name(s) & Grade(s)

1
2
3
4

Payment Options 2022/2023

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-2022 - (Beginning Sept 5, 2022 & Ending June 5, 2023)
☐ 22 Sep-2022 - (Beginning Sept 22, 2022 & Ending June 22, 2023)

☐ 12 Payments:

☐ 5 July-2022 - (Beginning July 5, 2022 & Ending June 5, 2023)
☐ 22 July-2022 - (Beginning July 22, 2022 & Ending June 22, 2023)

Post Dated Cheques please include cheque's with Registration Package

☐ 10 Payments:

☐ 5 Sep-2022 - (Beginning Sept 5, 2022 & Ending June 5, 2023)
☐ 22 Sep-2022 - (Beginning Sept 22, 2022 & Ending June 22, 2023)

☐ 12 Payments:

☐ 5 July-2022 - (Beginning July 5, 2022 & Ending June 5, 2023)
☐ 22 July-2022 - (Beginning July 22, 2022 & Ending June 22, 2023)

☐ **Lump Sum - 5% Discount if paid by September 15, 2022, Please include post dated check with Registration**

☐ **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 have them forward the necessary payment information (ie: post dated check, void check, preauthorized debt).

Name:	Relationship to Student(s):	Phone Number:
Form of payment:	% of Tution paid by Other:	% of Tution 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: 41510

Personal ☐

Business ☐

Cross reference:

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Office Use Only

First due date:

mm

dd

yy

Final due date:

mm

dd

yy

Frequency:

\$ Amount:

Payor:

Names of Account Holders:

Address:

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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**.