

## PARENT/GUARDIAN INFORMATION

Father/Guardian Last Name			Mother/Guardian Last Name		
Father/Guardian First Name			Mother/Guardian First Name		
Mailing Address			<input type="checkbox"/> Mailing address is the same as Father's.		
City	Prov.	Code	Mailing Address		
Street Address (if different)			City	Prov.	Code
Home phone			Street Address (if different)		
Unlisted Number? <input type="checkbox"/> YES <input type="checkbox"/> NO			Home phone		
Cell			Unlisted Number? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Email			Cell		
Primary Email? If NO, please provide:			Email		
Occupation/Employer			Primary Email? If NO, please provide:		
Work phone			Occupation/Employer		
<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Other:			Work phone		
Note taker is:			<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Other:		
If this is the first time your children will be attending Phil & Jennie Gaglardi Academy, please state briefly your reasons for wishing to enrol your children at our school:					
Do your children want to attend Phil & Jennie Gaglardi Academy? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, please explain:					
Do you attend Church regularly with your children? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please give the church's name:					
Is your child open to learning about the Christian faith and developing his/her personal faith? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, please explain:					
Phil & Jennie Gaglardi Academy is founded on the truth of Jesus as revealed in the Bible. Students at PJGA are taught by Christian teachers who integrate Christian worldview and practices into the curriculum. Do you support that your child's education will include Christian worldview and practices that orient students to the love of Jesus? <input type="checkbox"/> YES <input type="checkbox"/> NO					
If you have other children of school age but will not be attending Phil & Jennie Gaglardi Academy, please explain briefly why not:					
Please give two personal references. (If you attend church, please use your pastor as one of the two references.)					
Name			Phone		
Name			Phone		

### PARENTAL COMMITMENT

In making this application, I/we understand and agree with the purpose of the school and indicate that I/we enrol our child because of our earnest desire that he/she receive a Christ-centred education. I/we have read the Parent Handbook and agree to abide and support the policies of the School Board and commit to uphold the school's Discipline Policy, Code of Conduct and all other policies relating to the health and safety of children.

I/we understand our financial commitment to Phil & Jennie Gaglardi Academy and agree to the required 25 hours of voluntary service to the school community each year or, in lieu of volunteer service each year, consent to pay \$375.00 per year. I/we also agree to attend orientation meetings and information sessions that are held to acquaint parents with the school and its policies.

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

# STUDENT ADMISSION APPLICATION

Attach a photocopy of your child's birth certificate, most recent report card, citizenship papers (if applicable), plus a payment for the \$50 non-refundable administration fee. Applications and e-transfers may be sent [accounts@gaglardiacademy.ca](mailto:accounts@gaglardiacademy.ca) or dropped off at the school office at 1475 Noel Ave in Comox..

STUDENT INFORMATION		
Legal Family Name	Legal First Name	Legal Middle Name
Usual Family Name	Usual First Name	Usual Middle Name
Date of Birth:	■ Attach a copy of your child's birth certificate	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Citizenship: <input type="checkbox"/> Canadian <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Other:		
Mailing address the same as provided on PARENT/GUARDIAN INFO form? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, please provide below:		
Student Cell Phone	Student Email Address	
Last Grade Completed:	Grade applying for:	Requested Date for Admission:
Is English your child's first language? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, what is their first language:		
Is your child's current/prior schooling in any language other than English? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, what language?		
<b>HAS STUDENT ABORIGINAL ANCESTRY?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		
If YES, please check one that applies: <input type="checkbox"/> Inuit <input type="checkbox"/> Metis <input type="checkbox"/> Non-Status <input type="checkbox"/> Status-On Reserve <input type="checkbox"/> Status-Off Reserve		
Band of Origin	Status Card No.	
PERSONS TO CONTACT IN CASE OF EMERGENCY (OTHER THAN PARENTS/GUARDIANS)		
1.	Relationship:	Phone:
2.	Relationship:	Phone:
STUDENT SCHOOL HISTORY		
Has the student ever been suspended? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Has the student ever been expelled? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Has the student ever been denied attendance at another school? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If the answer is YES to any of the above 3 questions, please explain:		
How would you describe the student's academic performance: <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor		
Student is entering from (select one): <input type="checkbox"/> Home <input type="checkbox"/> Independent School in BC <input type="checkbox"/> BC Public School <input type="checkbox"/> School outside BC		
Last School registered with (name and address):		
■ Attach a copy of your child's most current report card		
Student is living with: <input type="checkbox"/> Both parents <input type="checkbox"/> Mother only <input type="checkbox"/> Father only <input type="checkbox"/> Other		
Custody Arrangements:		
Restraining Orders:		
Parental Alerts:		

LEARNING ASSISTANCE AND SPECIAL EDUCATION	
Has your child received previous support in any of the following areas?	
Learning assistance: <input type="checkbox"/> YES <input type="checkbox"/> NO	Speech and language therapy: <input type="checkbox"/> YES <input type="checkbox"/> NO
Behavioural support: <input type="checkbox"/> YES <input type="checkbox"/> NO	Sensory integration therapy: <input type="checkbox"/> YES <input type="checkbox"/> NO
Occupational therapy and/or physiotherapy: <input type="checkbox"/> YES <input type="checkbox"/> NO	Counselling: <input type="checkbox"/> YES <input type="checkbox"/> NO
Has your child received additional support in the classroom in the form of an Educational/Special Education Assistant? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Has your child had, or currently has, an Individualized Education Program (IEP)? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Does your child have a designation and/or receive additional government funding? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If you answered YES to any of the above questions, please explain.	
Name of current Learning Support or Special Ed. teacher:	Phone:
<b>MEDICAL INFORMATION</b>	<b>STUDENT CARECARD NO.:</b>
Doctor:	Phone:
Doctor:	Phone:
Other:	Phone:
<b>Does this child have any of the following?</b> <i>Check all applicable conditions.</i> <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Heart Condition <input type="checkbox"/> Anaphylaxis <input type="checkbox"/> Other:	
<input type="checkbox"/> Allergies ( <i>Please list below and indicate <u>mild</u> or <u>severe</u>.</i> )	
Other medical conditions:	
Explain briefly about the above conditions or attach information:	
Are your child's immunizations up-to-date? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Is your child able to participate in a full physical education program? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, an exemption note from your family physician will be required as physical education is a compulsory subject. If conditions change during the year please inform the school.	
TELL US ABOUT YOUR CHILD	
What are your child's strengths?	
What are your child's needs (academic, behavioural, social, emotional, and/or physical)?	

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## CONSENT FOR PERSONAL INFORMATION COLLECTION

I, \_\_\_\_\_ (parent/guardian name) consent to having Phil & Jennie Gaglardi Academy (*herein referred to as Gaglardi Academy*) collect personal information on my child, \_\_\_\_\_ (student name), that may include student identification information, birth certificate, legal guardianship, court orders, if applicable, parents/guardians' work numbers and email address, behavioural, academic and health information, recent report cards, emergency contact names and numbers, 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 Gaglardi Academy:

- a) for the purpose of establishing, maintaining, and terminating the student's or parent/guardian's relationship with Gaglardi Academy,
- b) for additional purposes identified when or before personal information is collected, and
- c) I also consent to the collection, use and disclosure of such personal information by and to agents, contractors and service providers of Gaglardi Academy.

***The above 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's suitability and appropriate placement in the school. It will also allow the school to respond immediately to an emergency.***

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

### OTHER CONSENTS:

- 1. I consent to having photographs and work samples of my child used in Gaglardi Academy yearbook, newsletters and other printed promotional material.  
☐ YES ☐ NO
- 2. I consent to have photographs and/or video of my child, while engaging in school activities, used on Gaglardi Academy's web-page and other electronic media, including the social media pages of Facebook and Instagram. *Please note: photos WILL NEVER be tagged with names of students.*  
☐ YES ☐ NO
- 3. I consent to have my family name, phone number, and email address published in a classroom and/or school community directory.  
☐ YES ☐ NO
- 4. I consent to have my family name and email address given to Gaglardi Academy's Parent Advisory Council (PAC) for emailing PAC newsletters, meeting minutes, and general communication.  
☐ YES ☐ NO
- 5. I consent for my child to participate in supervised off-campus walking field trips around the neighbourhood throughout the current school year. I understand the risks involved on these field trips to include, but are not limited to, potential dangers while walking along community sidewalks and crossing streets at marked crosswalks.  
☐ YES ☐ NO

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

***Please note: Consents are a yearly requirement and must be renewed each year your child attends Gaglardi Academy.***

## LEGAL RESIDENCY OF PARENT/LEGAL GUARDIAN – FORM A

*(If parents are deceased, please contact school office for Form B)*

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

**Student's Name:** \_\_\_\_\_

### 1. Lawfully Admitted into Canada

I am: *(check the appropriate response below)*

- ☐ A Canadian citizen    **■ If not born in Canada, attach photocopy of citizenship paper/card**
  - ☐ A landed immigrant    **■ If a landed immigrant, attach photocopy of document**
  - ☐ Lawfully admitted to Canada under one of the following documents: *(mark the appropriate box below)*
    - If lawfully admitted to Canada, attach photocopy of document**
    - ☐ Admission as a refugee claimant
    - ☐ A person claiming refugee status who has a letter of no objection
    - ☐ Student authorization (student visa) for two or more years (or issued for one year but anticipated to be renewed for one or more additional years)
    - ☐ Employment authorization (working permit) for two or more years (or issued for one year but anticipated to be renewed for one or more additional years)
    - ☐ 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)*
- \_\_\_\_\_

### 2. Residency in British Columbia

I am a resident of British Columbia.

- ☐ Yes. Residency address: \_\_\_\_\_  
\_\_\_\_\_
- ☐ No, I am not a resident of British Columbia.

### 3. Confirming Signature

Parent/Legal Guardian Name *(Please print)*: \_\_\_\_\_

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

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

The code of conduct for our school is rooted in the great command of Jesus to love God and love your neighbour (Matthew 22:37-40). Our school is a *community*. We demonstrate our love for one another in our school community by being willing to conduct our lives – through speech and behaviour – in a way that honours God and gives dignity, acceptance and respect to others.

These are the codes of conduct we hold high for our students:

1. Love, respect, and honour God.
2. Love, honour and obey teachers and other school authorities.
  - Follow their instructions, address them politely, be courteous, and seek their help in learning.
3. Love and respect all students (not just the ones you find easy to like) because God made us all unique masterpieces created in His image (Eph. 2:10).
  - Be kind, helpful, and encourage each other.
  - Be inclusive, considerate, and help respect the diversity of others regardless of sexual orientation, gender identity, or belief system.
  - Do not judge one another.
  - Never cause anyone harm whether it be emotional with your words or physical with your fists. Don't fight, bully, harass, or tease each other.
4. Respect the property of others.
  - Put things back where you found them and don't take what doesn't belong to you. Hand lost property into the office and take care of the school building, furniture, and grounds. Be neat and tidy.
5. Respect the truth.
  - Be honest in all situations, never make up lies about others or gossip. Hand in your own school work and do not cheat.
6. Learn all you can.
  - Make up your mind to pay attention in class and do your work. Join in school activities, do your homework on-time, and develop discipline during your school years.
  - Never miss class without permission and bring the right equipment to each lesson.
7. Respect purity.
  - Love yourself by keeping your body, mind and spirit healthy.
    - Say NO to vaping, tobacco, e-cigarettes, alcohol and other drugs, on and off campus.
    - Keep a respectful boundary between yourself and others; this means no holding hands, kissing, sexual touching, etc.

By signing this Code of Conduct, you acknowledge that you have read these values, discussed them with your child and agree to support and uphold them in conforming to these expectations.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Required for students Grade 8-12)