



# Admission Application: Additional Children

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# ADMISSION APPLICATION

<b>Father/Guardian Last Name:</b>		<b>Father/Guardian First Name:</b>	
Occupation/Employer:		Work:	Cell:
Email Address:		Primary Email? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Mother/Guardian Last Name:</b>		<b>Mother/Guardian First Name:</b>	
Occupation/Employer:		Work:	Cell:
Email Address:		Primary Email? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Father:</b> <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Other		<b>Mother:</b> <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Other	
Mailing Address:			
City:		Province:	Postal Code:
Street Address (if different):			
Home Phone:		Unlisted Number: <input type="checkbox"/> YES <input type="checkbox"/> NO	Note taker is:
Church Attending:			
Please give two personal references. (Only one is necessary if you already indicated the name and telephone number of your pastor.)			
Name:		Phone:	
Name:		Phone:	
Other children:			
If you have other children of school age but will not be attending Phil & Jennie Gaglardi Academy, please explain briefly why not:			
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 child(ren) at our school:			
<b>PARENTAL COMMITMENT</b>			
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. 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: \_\_\_\_\_

# CONFIDENTIAL STUDENT INFORMATION

*Please attach a photocopy of birth certificate and citizenship papers. (if applicable)*

Legal Family Name:	Legal First Name:	Legal Middle Name:
Usual Family Name:	Usual First Name:	Usual Middle Name:
Date of Birth (DOB):	Country of Birth:	Primary Language:
Mailing address the same as provided on Admission Application form? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If NO, please provide below:</i>		
Student Email Address:	Student Cell Phone:	
Home Phone:	Last Grade Completed:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
<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:	Band of Residence:	Status Card No.:
<b>PERSONS TO CONTACT IN CASE OF EMERGENCY (OTHER THAN PARENTS/GUARDIANS)</b>		
1.	Relationship:	Phone:
2.	Relationship:	Phone:
<b>STUDENT SCHOOL HISTORY</b>		
Has the student ever been suspended?		
Has the student ever been expelled?		
Has the student ever been denied attendance at another school?		
If the answer is "yes" to any of the above 3 questions, please explain:		
How would you describe the students 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):		
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:		
<b>Has your child had, or currently has, an Individualized Education Program (IEP)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has your child received previous support in any of the following areas? (If yes, briefly explain.)		
Learning assistance:		
Speech and language therapy:		
Occupational therapy and/or physiotherapy:		

Sensory integration therapy:	
Behavioural support:	
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	
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 either question above, please explain.	
<b>MEDICAL INFORMATION</b>	
STUDENT BC CARECARD NO:	
Doctor:	Phone:
Doctor:	Phone:
Other:	Phone:
<b>Does this child have any of the following? Please check all applicable conditions.</b>	
<input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Heart Condition <input type="checkbox"/> Anaphylaxis <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	
If no, list vaccinations your child has not received:	
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.	

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

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

# CONSENT FOR PERSONAL INFORMATION COLLECTION

PARENT/GUARDIAN NAME: \_\_\_\_\_

(please print)

STUDENT NAME: \_\_\_\_\_

(please print)

I consent to having the Phil & Jennie Gaglardi Academy (herein referred to as Gaglardi Academy) collect personal information 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.

*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'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(ren) 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(ren), 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

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

# LEGAL RESIDENCY

## 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.

**RE:** *(Please print STUDENT NAME(S) on line below)*

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### 1. Lawfully Admitted into Canada

I am (please 'x' one):

- 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 below and attach photocopy of document):*
    - Admission as a refugee claimant
    - A person claiming refugee status who has a letter of no objection
    - Student authorization (student visa) for two or more years (or issued for one year but anticipated to be renewed for one or more additional years)
    - Employment authorization (working permit) for two or more years (or issued for one year but anticipated to be renewed for one or more additional years)
    - 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)*
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### 2. 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

### 3. Confirming Signature

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

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

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

# CODE OF CONDUCT

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 that community by being willing to conduct our lives—through speech and behaviour—in a way that honours God and gives dignity 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).
  - Be kind, helpful, and encourage each other.
  - Be inclusive, considerate, and help students respect the diversity of others regardless of sexual orientation, gender identity, or belief system. God made us all unique masterpieces, created in His image.
  - 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 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, fondling, etc.

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

Student Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Required for students Grade 8-12)

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