



## **ADMISSION SCHEDULE FOR NEW and RETURNING STUDENTS 2025 - 2026 SCHOOL YEAR**

**Open House – November 27, 2024  
New Application Deadline is January 16, 2025**

*Please see below, our scheduled dates and times for accepting completed application and acceptance forms. An appointment is not necessary for the dates and times below, however, if you cannot come during the scheduled times, you must make an appointment with the office to bring in your application.*

*January 15<sup>th</sup> - 4:00pm to 8:00pm*

Accepting New Applications

*January 16<sup>th</sup> - 9:00am to 3:00pm*

Accepting New Applications Deadline

*January 24<sup>th</sup>*

Email notification letters to applicants stating status as 'accepted' 'on waiting list' or 'declined'

***(please check your spam and junk folders)***

*If accepted, Acceptance Package (2<sup>nd</sup> part of the package) Return Dates:*

*February 19<sup>th</sup> – 4:00pm to 8:00pm*

*February 20<sup>th</sup> – 9:00am to 8:00pm*

*February 21<sup>st</sup> – 9:00am to 3:00pm*

New students will be admitted to Grades 9 through 12 as space becomes available.

*Re-registration packages for existing students will also be submitted on the above acceptance package return dates.*



## NEW STUDENT APPLICATION CHECKLIST 2025-2026

***Receiving Applications on the following days: January 15<sup>th</sup> 4:00pm to 8:00pm and January 16<sup>th</sup> 9:00pm to 3:00pm. The deadline is January 16<sup>th</sup>***

*The following LIST of documents must be fully completed and submitted together to the school office on the ABOVE dates and times. Please use this CHECKLIST to ensure that you have all the documents needed for submission, incomplete packages will not be accepted.*

- FORM - New Student Application
- FORM - Student Personal Writing
- FORM - Family Statement of Commitment
- FORM - Personal Electronic Devices and Technology Acceptable Use
- FORM – Walkathon Permission Form
- FORM - Personal Information Protection Act
- FORM - Acknowledgement of School Policies
- FORM – Academic Support Form (*for students that are currently receiving academic support*)
- FORM – Status of Parent/Guardian Admission to Canada and Residency-Form A
- FORM - Pastor’s Authorization Form (*please drop off your form at your parish office to ensure you are categorized by the application deadline*)
- Report Cards - Grade 7 or most recent report card for those applying to Grade 8
- Report Cards – the subsequent years from students applying for grades 9 and above (*for example if you are applying for grade 9, provide the most current grade 8 report card*)
- Copy of Student’s Birth Certificate is mandatory. If born outside of Canada, a Birth Certificate and Canadian Citizenship card or Landed immigrant documents are required.
- Copy of Parent/Guardian’s birth certificate if born in Canada, or if Parent/Guardian is born outside of Canada, a copy of the Canadian Citizenship card or Landed immigrant documents.
- Copy of Parent/Guardian’s Driver’s License, or recent copy of utility bill, property tax assessment, etc.
- Baptismal Certificate (*if Catholic*)
- Copy of Custodial Agreement or Court Order (*if applicable*)
- \$75 Non-Refundable Application Fee – dated immediately, cheque payable to “ACRSS”**

### FULL-TIME ENROLLMENT/STUDIES POLICY

Archbishop Carney Regional Secondary School registers and enrolls full-time students and requires them to maintain their full-time status while at the school. This requirement is based upon our commitment to the education of the whole child, as reflected in the Attributes of a Carney Graduate. Education encompasses more than a student’s academic timetable and includes a breadth of curricular, co-curricular, and extracurricular opportunities consistent with the mission, vision, and philosophy of the school. The ACRSS Course Selection book published annually states the specific requirements at each grade level for students to maintain their status as full-time students. The school administration approves all student timetables that meet the school requirement for full time status and provides students with the best opportunity of successfully meeting the criteria for graduation.

***All policies and procedures can also be found on our website at [www.acrss.org](http://www.acrss.org) in the Parent Startup Manual, please familiarize yourself with them.***



## ARCHBISHOP CARNEY REGIONAL SECONDARY SCHOOL

1335 Dominion Avenue, Port Coquitlam, BC V3B 8G7 Phone: (604) 942-7465 Email: office@acrss.org [www.acrss.org](http://www.acrss.org)

### APPLICATION PROCEDURES

To apply to Archbishop Carney Regional Secondary you must return the completed application forms and a \$75.00 application fee cheque dated immediately, to our school office by the deadline specified on the application checklist. Please make cheques payable to: **Archbishop Carney Regional Secondary School or ACRSS**. All grade 8 applicants will be notified by January 24<sup>th</sup>, 2025 as to whether they have been accepted, placed on the waiting list or declined.

### ADMISSION PRIORITY

The purpose of Archbishop Carney Regional Secondary School, being a school of the Catholic Independent Schools of the Vancouver Archdiocese (CISVA), is to provide Catholic education while fully meeting requirements of the Provincial secondary school curriculum for the students of our regional parishes:

All Saints (Coquitlam)	St. Clare of Assisi (Coquitlam)
Our Lady of Fatima (Coquitlam)	St. Joseph's (Port Moody)
Our Lady of Lourdes (Coquitlam)	St. Luke's (Maple Ridge)
Our Lady of the Assumption (Port Coquitlam)	St. Patrick's (Maple Ridge)

In accordance with CISVA Policy, students will be admitted to this school according to the following priorities to the maximum enrollment for each grade as determined by the Education Committee and the pastors. The pastors of the regional parishes will determine how many students will be admitted from each parish and which students will be admitted if there are more applicants than spaces available.

#### Priority 1:

Students currently enrolled who have met the application requirements and are working in the spirit of our school philosophy and purpose.

#### Priority 2:

The siblings of Catholic students of practicing Catholic families who belong to one of our eight regional parishes and;

- a) are supportive of the parish as determined by the pastor;
- b) are supportive of Catholic education through the parish school or P.R.E.P. program; and
- c) have completed the Pastor's Authorization Form.

#### Priority 3:

Catholic students of practicing Catholic families from the regional parishes who do not presently have siblings here and fulfill the conditions stated in Priority 2.

*The following priorities will be used to admit students if the needs of the regional parishes have been met and there are additional spots available.*

#### Priority 4:

Siblings of Catholic students presently enrolled who currently belong to a non-regional parish. A Pastor's Authorization Form is required.

#### Priority 5:

Catholic students of practicing Catholic families who belong to a non-regional parish. A Pastor's Authorization Form is required.

#### Priority 6:

Students who are not included in the previously stated categories.



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## Tuition Rates and School Fees

*(an explanation of our fees and what to expect for 2025-2026)*

Tuition fees are based on your Tuition Category, which is determined by your Pastor's authorization. Tuition fees are due on the 1<sup>st</sup> or 20<sup>th</sup> of each month starting in August of the current year and ending in May of the following year. Tuition fee payments are made by pre-authorized debit. Alternatively, a *single Lump Sum Tuition payment can be pre-authorized.*

The table below summarizes the school monthly tuition fee schedule for the 2025-2026 school year, per child.

2025-2026 Monthly Tuition Fees	Category 1 (Active Parishioner)	Category 2	Category 3 (Non-Catholic)
Definition of Category	Active member of a regional Catholic parish and authorized by pastor to attend this school.	Families from a non-regional Catholic parish and authorized by the pastor to attend this school <b>or families from a regional parish that does not fulfill the requirements for Category 1</b>	Not an active member of any Catholic parish.
1st child	\$494	\$627	\$905
2 <sup>nd</sup> child	\$469	\$627	\$905
3 <sup>rd</sup> or more child	\$0	\$0	\$905

### REGIONAL PARISH SUBSIDY TO THE SCHOOL

All parishes that are served by Archbishop Carney Regional Secondary School must contribute financially to support the school's operational costs. The total parish subsidy paid to the school will be based upon the number of **students authorized in Category 1.**

### APPLICATION AND OTHER FEES

All pertinent fees, other than the application fee, must be paid upon acceptance. **ALL FEES ARE NON-REFUNDABLE.**

**\$75 APPLICATION FEE:** PER CHILD, cash or cheque dated immediately and submitted with application

### OTHER FEES TO BE PAID ONCE ACCEPTED

**\$375 GENERAL STUDENT FEE:** PER CHILD, **withdrawn June 1, 2025**  
Covers the cost of equipment use, computer maintenance and site licences, yearbook, combination-lock rental, student parliament fee, emergency supplies and some course fees.

**PARENT PARTICIPATION:** The program includes **40 hours of volunteer work for parents that wish to participate in the program or a onetime payment of \$1000 scheduled on July 2, 2025, for non-participation.**

**\$15 LINK PROGRAM FEE:** **Grade 8 students ONLY, withdrawn June 1, 2025**  
Covers the cost of the Link Program assisting Grade 8 students with their transition to high school.

**\$205 GRADUATION FEE:** **Grade 12 students ONLY, withdrwn June 1, 2025**  
**\$95** Covers the cost of the commencement ceremony, graduation breakfast, graduation Mass, and other related expenses.  
**\$110** Covers the cost of the Grade 12 retreat.

### OTHER and ADDITIONAL COSTS

**SCHOOL UNIFORM:** Purchased through McCarthy Uniforms formerly NEAT Uniforms

**TEAM SPORTS FEE (ATHLETICS FEE):** Invoiced to all students participating in a team sport: **\$100 for the first sport; an additional \$60 fee for the second and \$0 for any additional sports.** This covers the cost of individual and team league registration, referees and tournament fees. Additional costs may be incurred if individual teams are involved in out-of-town trips or to purchase team apparel.



# **FORMS**

**Please return  
to School**

**ARCHBISHOP CARNEY REGIONAL SECONDARY SCHOOL**1335 Dominion Avenue, Port Coquitlam, BC V3B 8G7  
Phone: (604) 942-7465 Email: office@acrss.org www.acrss.orgApplying for Grade: *(Circle one)*

GRADE: 8 9 10 11 12

**NEW STUDENT APPLICATION 2025-2026****PLEASE PRINT CLEARLY AND COMPLETE ALL INFORMATION IN FULL**

Archbishop Carney School is committed to ensuring the safety of all students. Information on this form is an essential component of the school's emergency response. In the event of an emergency, such as a major earthquake while your child is at school, information provided on this form will assist the school in the temporary care of your child and in making contact with you or someone authorized to act on your behalf. A FULLY completed, up-to-date copy of this form must be provided to the school as required by the Ministry of Education. Keep a completed copy of this form readily available for your reference and updating.

<u>Legal Family Name</u>	<u>Address</u>	<u>City/Postal</u>
<u>Main/Primary Phone #</u>	<u>Family Parish</u>	<u>Primary language spoken in the home</u>
<u>Father's Name</u>	<u>Father's Occupation/Employer</u>	<u>Father Cell Phone #</u>
<u>*Father's Citizenship</u>	<u>Father's Signature</u>	<u>Father Work Phone #</u>
<u>Mother's Name</u>	<u>Mother's Occupation/Employer</u>	<u>Mother Cell Phone #</u>
<u>*Mother's Citizenship</u>	<u>Mother's Signature</u>	<u>Mother Work Phone #</u>
<u>Father's Email</u>		<u>Mother's Email</u>

**BELOW PARENTS CAN ADD 1 MORE EMAIL TO YOUR CONTACT INFORMATION FOR EBLASTS AND STUDENT COMMUNICATION**

<u>Father's other email:</u>	<u>Mother's other email:</u>
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<u>Student Legal last name</u>	<u>Student Legal first name</u>	<u>Student Legal middle name</u>	<u>Student Usual first name</u>
<u>Gender(Male/Female)</u>	<u>Current Grade and School</u>	<u>BD: day/month/year</u>	<u>Student Cell Phone #</u>
<u>Student email address</u>		<u>* CITIZENSHIP</u>	<u>If Permanent Resident, entry date to Canada</u>
<u>Place of birth (if Canada, give Province; if USA, give State; if other, give country)</u>		<u>Medical Carecard #</u>	

**Medical Alert: If yes, explain/attach medical conditions, allergies, medication information and special instructions.**


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Please check (✓) if an EpiPen is required.  yes  no

\*CITIZENSHIP: Indicate your status in Canada (Canadian Citizen, Permanent Resident/Landed Immigrant, Special Status, etc.) Indigenous students indicate Status/Non-Status, reserve, band name and DIA number. Resident qualification is required for reporting purposes under the terms of the Independent School Support Act.

**LIST ALL SIBLINGS, THEIR SCHOOL AND GRADE IN SEPTEMBER 2025**

Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade \_\_\_\_\_

Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

**PLEASE COMPLETE BELOW IF ADDRESS OF PARENTS ARE DIFFERENT FROM STUDENT**

<u>Father's Home Address</u>	<u>Mother's Home Address</u>
Address _____	Address _____
City _____ PC _____	City _____ PC _____

**STUDENT EMERGENCY CONTACTS**

OTHER CONTACTS - Person to contact other than parents:

_____ Name (In town Contact)	_____ Relationship	_____ Phone Number
_____ Name (In town Contact)	_____ Relationship	_____ Phone Number
_____ Name (Out of town Contact)	_____ Relationship	_____ Phone Number
_____ Name (Doctor)	_____ Phone Number	

**STUDENT RELEASE INFORMATION**

In the event of a serious earthquake or other emergency, the school may implement a controlled release of students for their safety and well-being. If this is necessary, the school will only release your child to persons authorized on this form or, if necessary, to medical personnel. Alternates should preferably live within walking distance of the school – even if it's a long walk (vehicle travel may not be possible after an earthquake).

As a parent/guardian of the said named student, I authorize his/her release after an emergency to any of the Alternate Contacts listed herein if I or another parent/guardian of the student cannot be contacted or do not arrive at the school to retrieve my child within a reasonable amount of time. I also authorize the school or person to use any of the information noted herein, as necessary, in the event of an emergency.

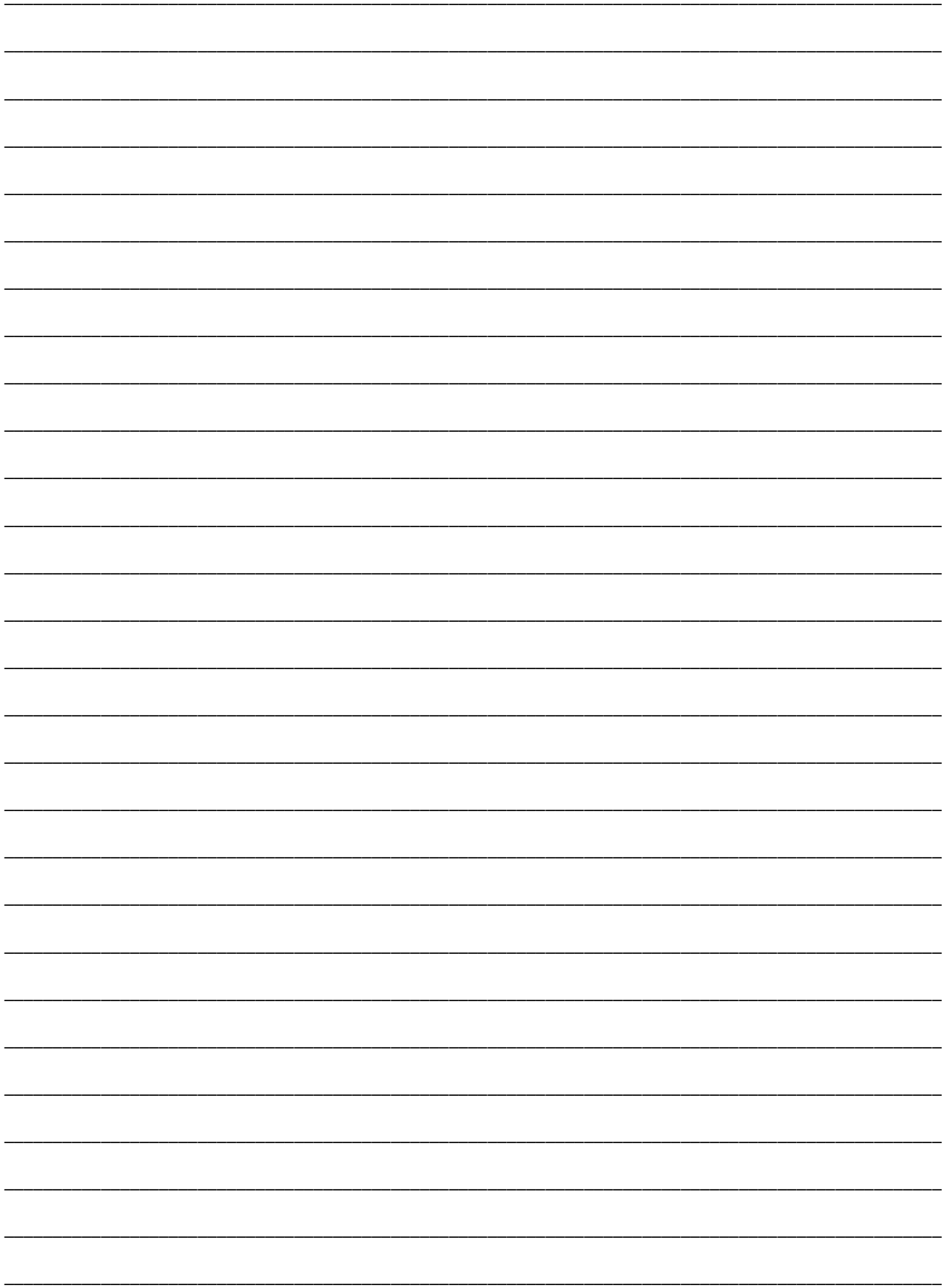
***THIS STUDENT RELEASE WILL BE IN EFFECT UNTIL THE SAID STUDENT WITHDRAWS OR GRADUATES FROM ARCHBISHOP CARNEY REGIONAL SECONDARY SCHOOL. UPON EITHER WITHDRAWAL OR GRADUATION, THE RELEASE WILL AUTOMATICALLY TERMINATE UNLESS OTHERWISE SPECIFIED IN WRITING BY THE UNDERSIGNED OR THE SCHOOL ADMINISTRATION.***

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
PRINT NAME

Archbishop Carney Regional Secondary 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) at this school, unless written authorization from a parent or legal guardian is provided to the school. The school will store securely all electronic and hard copy personal information of parent and student.









## ARCHBISHOP CARNEY REGIONAL SECONDARY SCHOOL

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# 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 “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 Education Committee who will gladly discuss them with you.

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

1. Parents and guardians agree that they and their families will exhibit conduct consistent with Catholic denominational standards. The determination of whether any conduct contravenes these standards is the right of the Board of Directors of the Catholic Independent Schools of Vancouver Archdiocese.
2. All students are required to participate in our religious education curricular and co-curricular programs including liturgical celebrations, retreats, prayer, etc.
3. Parents/Guardians are expected to support the teachings on faith and morals in the Christian Education Program and participate in the program as required by the school.
4. All students are expected to attend school on a regular basis and full participation in all aspects of the educational program of the school are required of every student. Each student is expected to strive toward the development of his/her full potential.
5. Each family is expected to support and participate in the fund-raising activities of the parish/school. In this way, each family shares in the responsibility of educating our students.
6. Each student is expected to know and follow school policies on behavior, and each parent/ guardian is expected to review these policies with their own child.
7. Parents/guardians are expected to support their student’s educational program. Parents/ guardians agree to consult with that teacher, Principal, or other school staff member with respect to the student’s educational program as required.
8. Parents/Guardians are expected to attend at least one orientation session which will focus on the philosophy and goals of our school.
9. Parents/Guardians agree to accept the responsibility for the cost of tuition, supplies and other school activities.
10. If applicable (see Schedule A below), each parent/ guardian agrees to:
  - Provide the school with complete and updated versions of any orders or agreements:
  - Affecting, restricting, or prohibiting a parent/ guardian’s ability to access the school or a student attending the school
  - Impacting a parent/ guardian’s authority over decision making in relation to a student’s education
  - Ensure that any updates to these orders are given to the school as they occur
  - Minimize and void any disruption to the school associated with the implementation of those orders or agreements, and comply with the terms of any orders or agreements
11. If any of these conditions are not met the school reserves the right to refuse admission, or remove the student from the school, or take any other appropriate action in the circumstances.



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**Parents are asked to sign this Family Statement of Commitment and return it to the school.**

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

Parent/Guardian Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_

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

Parent/Guardian Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_

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

Student Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_

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

**Schedule A**

I \_\_\_\_\_, parent/guardian of \_\_\_\_\_,

confirm that there is an order or agreement (check as appropriate):

- affecting, restricting, or prohibiting a parent/guardian’s ability to access the school or a student
- attending the school
- impacting a parent/guardian’s authority over decision making in relation to a student’s education
- Other

Please provide details with respect to the order:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I also confirm that:

- I (we) have provided the school with complete versions of all orders.
- I (we) have provided the school with complete versions of all applicable agreements.
- I (we) have provided the school with complete versions of all updates to these orders and agreements.
- I (we) agree to provide the school with any new updates to these orders and agreements as they are determined and to follow up with the documents as they are made available.
- I (we) agree to comply with the terms of any orders or agreements.
- I (we) agree to minimize and avoid any disruption to the school associated with the implementation of those orders or agreements.



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**\*Please sign and return this page with your package\***

## PERSONAL ELECTRONIC DEVICES AND TECHNOLOGY ACCEPTABLE USE AGREEMENT

Based on *Personal Electronic Devices and School-based Technology CISVA Policy 430*

### Student and Parent/Guardian Agreements

The signatures below indicate that the parties have carefully read and understood the significance of the terms and conditions and agree to abide by them.

#### STUDENT CONTRACT

I certify that I have carefully read the **ACRSS PERSONAL ELECTRONIC DEVICES AND TECHNOLOGY ACCEPTABLE USE AGREEMENT**. I fully understand the above terms and conditions and agree to follow them. I understand that if I violate any of the above conditions that I may lose my computer account and may also face other disciplinary action. I agree to use electronic devices and Internet for academic use only and also agree to report any misuse of the Technology to the teacher, the Librarian, Principal or Vice-Principal. I will use the school's technology at my own risk and hereby release the school from any claims arising from my misuse of these services. I am also aware that these terms and conditions can change at any time and that it is my responsibility to check the school website for any updates.

Student Name (please print): \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### PARENT/GUARDIAN CONTRACT

As the parent/guardian of \_\_\_\_\_ I certify that I have read and discussed this Acceptable Use Agreement with my child. I know of the potential dangers of the Internet and realize that my child uses it at their own risk. I will not hold the school accountable for any material obtained on the network and I hereby release the school from any claim arising from my child's use of the Internet at school. I understand that if my child does not follow the terms and conditions of the Acceptable Use Policy that they may lose access privileges or face disciplinary action; and that if a criminal offense has been committed the matter may be turned over to the proper authorities. I understand that my child is responsible for the repair or replacement cost of any equipment they have damaged. By signing this contract, I give my consent to the school to issue a user account to my child and understand that my child can access the Internet with it.

Parent/Guardian Name (please print): \_\_\_\_\_

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

***This agreement is signed by the student and parent upon registration. Students will be required to sign this agreement every year that the student attends Archbishop Carney Regional Secondary School.***



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**PERSONAL INFORMATION PROTECTION ACT**

NAME OF STUDENT: \_\_\_\_\_  
LAST NAME FIRST NAME

**STUDENT REGISTRATION FORMS**

1. I consent to having Archbishop Carney Regional Secondary School collect personal information that may include student identification information, birth certificate, legal guardianship, court orders if applicable, parents’ work numbers and e-mail addresses, behavioral, academic and health information, report cards, emergency contact name and number, doctor’s name and number, health insurance number and any similar information needed for registration. *This information is required in order to register your child at this school and assist the school 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 Manager for Archbishop Carney Regional Secondary School is Mr. Antonio Sorace who may be reached at 604-942-7465, Extension 223.*

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

2. I consent to having photographs and work samples of my child(ren) used by Archbishop Carney Regional Secondary School in the yearbook, newsletters, school website and other promotional material.

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

***The above consent will be in place for the duration that the student attends Archbishop Carney Regional Secondary.***

Archbishop Carney Regional Secondary 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) at this school, unless written authorization from a parent or legal guardian is provided to the school. However, this policy is superseded by the student records order (section 6 (1)), in cases where there is a requirement for the delivery of health services, social services or other support services, in these cases parental consent would not be required. The school will store securely all electronic and hard copy of parent and student personal information.

*A. Sorace*

\_\_\_\_\_  
Antonio Sorace, Vice-Principal

Title: Privacy Manager  
Phone: 604-942-7465



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## ACKNOWLEDGEMENT OF SCHOOL POLICIES

### FULL-TIME ENROLLMENT/STUDIES

We agree to abide by the **Full-Time Enrollment/Studies Policy**. We understand that if we do not comply with this policy we may be asked to withdraw as a family from Archbishop Carney Regional Secondary School.

Student's Initials  Parent's Initials

### ATTENDANCE

We agree to abide by the **Attendance Policy**. We understand that if we do not comply with this policy, we may be billed for the loss of the student government grant. *(This policy can be found on our website in both the parent start up manual and student handbook).*

Student's Initials  Parent's Initials

### PERSONAL ELECTRONIC DEVICES (PED) AND TECHNOLOGY ACCEPTABLE USE AGREEMENT

We agree to abide by the **PED and Technology Acceptable Use Agreement**. We understand that if we do not comply with this policy, we will be subject to the range of consequences as stated in the Electronic Devices Use Policy.

Student's Initials  Parent's Initials

### UNIFORMS

We agree to abide by the Uniform Policy. We understand that if we do not comply with this policy, we will be subject to the range of consequences as stated in the **Uniform Policy**. *(This policy can be found on our website in the parent start up manual).*

Student's Initials  Parent's Initials

### PARENT PARTICIPATION POLICY

We agree to abide by the Policy and Procedures for Participation. We understand that if we do not comply with this policy, we will be subject to the range of consequences as stated in the Policy for Participation. *(This policy can be found on our website in the parent start up manual).*

### OVERDUE ACCOUNTS

We agree to abide by the Policy and Procedure for Overdue Accounts. We understand that if we do not comply with this policy, we will be subject to the range of consequences as stated in the **Policy and Procedure for Overdue Accounts**. *(This policy can be found on our website in the parent start up manual).*

Parent's Initials

***We agree to abide by the above policies. This agreement will be in place for the duration that the student attends Archbishop Carney Regional Secondary.***

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Print Student Name

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Print Parent/Guardian's Name

\_\_\_\_\_  
Date Signed



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**ACADEMIC SUPPORT REQUEST 2025-2026**

*In order to provide a safe and productive learning environment, it is imperative that all medical and diagnostic information affecting education be disclosed to the school at the time of application or re-application. Admission is contingent upon appropriate disclosure of relevant information and may be revoked if such information is withheld. Disclosure of information WILL NOT AFFECT your child's admission status, but rather allows ACRSS to plan for the coming year.*

**SECTION 1 – STUDENT INFORMATION**      Applying for: September 2025/Grade Entering (circle):   8   9   10   11   12

Student's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Parent Contact Name: \_\_\_\_\_ Email address: \_\_\_\_\_

Name of current school: \_\_\_\_\_

**SECTION 2 – HISTORY OF ACADEMIC SUPPORT**

Has your child ever received any learning assistance/support, ESL/ELL, counseling or been referred to a public health program or service?    No     Yes - if yes, please explain:

Empty box with horizontal lines for text entry.

Has your child ever been assessed for or experienced learning/emotional/intellectual/physical/social difficulties (reading difficulties, speaking difficulties, physical challenges, developmental delays, attention or social issues, aggression, etc.)?

Have reports or documents been written? (Please attach a copy)    No     Yes - if yes, explain:

Empty box with horizontal lines for text entry.

## ACADEMIC SUPPORT REQUEST 2025-2026 Con't

Does your child have an Individual Education Plan (IEP) or a Case Management Plan (CMP) from their previous school?

No     Yes - if yes, please explain and attached current and relevant supporting documents:

<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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Name of person(s) responsible for organizing learning assistance or special services:

Name: \_\_\_\_\_ Role: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Role: \_\_\_\_\_ Email: \_\_\_\_\_

Does your child have medical needs that the school needs to be aware of: (i.e. epilepsy, diabetes, vision/hearing impairments, heart condition, etc.)  No     Yes - if yes, please specify

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**STATUS OF PARENT/GUARDIAN -  
ADMISSION TO CANADA AND RESIDENCY – FORM A**

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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.

**Lawfully Admitted into Canada**

1. I am (please  $\checkmark$  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 Protection Act (Canada), with one of the following documents.

**Please mark the appropriate box below and attach a copy of document.**

Admission as a refugee or refugee claimant

Valid student permit for two or more years (or issued for one year but anticipated to be renewed for one or more additional years)

Valid employment authorization (work permit) for two or more years (or issued for one year but anticipated to be renewed for one or more additional years).

A person carrying out official duties under the authority of the Visiting Forces Act or as an accredited diplomatic agent, pre-clearance officer, consular officer, or official representative in Canada of a foreign government with a consular post in British Columbia.

Other – document description: must be cleared with Citizenship and Immigration Canada:

\_\_\_\_\_

**Residency in British Columbia**

2. I am a resident of British Columbia (please  $\checkmark$  check):

Yes, Residency address: \_\_\_\_\_

\_\_\_\_\_

**Please attach a recent copy of a recent utility bill, driver's license, municipal tax assessment, mortgage document or rental agreement.**

No, I am not a resident of British Columbia.

**Confirming signatures:**

3. Parent/Legal Guardian's name: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

**For Office Use Only:**

Proof of Residency: \_\_\_\_\_

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

Archbishop Carney Regional Secondary School

**PASTOR'S AUTHORIZATION FORM**

**School Registration 2025-2026**

- For all applicants, complete IN FULL, the family demographical information below.
- For Catholic applicants, this form is to be presented to the Pastor by the parent/guardian for his signature.
- For Catholics not registered at a parish or Non-Catholic applicants, sign the section entitled "Category 3 " on the reverse side.

**THIS SIGNED AND COMPLETED FORM MUST BE SUBMITTED WITH YOUR APPLICATION PACKAGE. PLEASE ALLOW SUFFICIENT TIME FOR YOUR PASTOR TO COMPLETE.**

<b>FAMILY NAME</b>		<b>NAME OF PARISH ATTENDED BY FAMILY</b>	
<b>FAMILY ADDRESS</b>			
<b>CITY</b>	<b>POSTAL CODE</b>	<b>HOME PHONE</b>	

NAME OF STUDENT APPLYING FOR **SEPTEMBER 2025**

*(circle grade)*

	8	9	10	11	12
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LIST ALL SIBLINGS ALREADY ENROLLED AT ARCHBISHOP CARNEY AND CIRCLE THEIR GRADE IN **SEPTEMBER 2025**

	8	9	10	11	12
	8	9	10	11	12
	8	9	10	11	12

All parishes that are served by Archbishop Carney Regional Secondary School must contribute financially to support the school's operational costs. The total parish subsidy paid to the school will be based upon the number of **students authorized in Category 1.**

*(CISVA Policy #404, Application/ Re-Registration Package – Regional Schools)*

**CATEGORY 1 - PARISH AUTHORIZATION (Parish subsidy)**

Authorization in Category 1 is based on the following:

- registration in this parish,
- regular Mass attendance in this parish,
- use of Sunday envelopes, and
- participation in work activities as required by the parish. *(CISVA Policy #404, Application/ Re-Registration Package – Regional Schools)*

\_\_\_\_\_  
Name of Parish

\_\_\_\_\_  
Pastor's Signature

\_\_\_\_\_  
Date of Signature

**CATEGORY 2 - PARISH AUTHORIZATION (No Parish subsidy)**

Authorization in Category 2 is based on the following:

- families from non-regional parishes
- families from a regional parish that do not fulfill the requirements for Category 1.  
(CISVA Policy #404, Application/ Re-Registration Package – Regional Schools)

\_\_\_\_\_  
Name of Parish

\_\_\_\_\_  
Pastor's Signature

\_\_\_\_\_  
Date of Signature

**CATEGORY 3**

Students from families who are not members of any Catholic parish. (CISVA Policy #404, Application/ Re-Registration Package – Regional Schools)

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date of Signature

**SPECIAL PARISH SUBSIDY for 2025-2026**

NAME OF PARISH \_\_\_\_\_

**OPTION 1**

THE PASTOR IS NOT ABLE TO OFFER A SPECIAL SUBSIDY AT THIS TIME.

\_\_\_\_\_  
Pastor's Signature – OPTION 1

\_\_\_\_\_  
Date of Signature

**OPTION 2**

Pastors should complete this section if the parish is granting a Special Subsidy by paying part of the tuition for this family for the **school year 2025-2026**. This subsidy is **IN ADDITION TO** the required \$25 monthly subsidy per student paid to Archbishop Carney Regional Secondary School.

**PLEASE LIST ALL CHILDREN FOR WHOM YOU ARE GRANTING A SPECIAL SUBSIDY.**

STUDENT'S NAME: \_\_\_\_\_ Monthly amount of Special Subsidy \$ \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_ Monthly amount of Special Subsidy \$ \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_ Monthly amount of Special Subsidy \$ \_\_\_\_\_

\_\_\_\_\_  
Pastor's Signature – OPTION 2

\_\_\_\_\_  
Date of Signature



## ARCHBISHOP CARNEY REGIONAL SECONDARY SCHOOL

1335 Dominion Avenue, Port Coquitlam, BC V3B 8G7

Email: office@acrss.org Phone: (604) 942-7465 Website: www.acrss.org

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### PERMISSION FORM to PARTICIPATE IN ACTIVITIES OUTSIDE OF SCHOOL

FAMILY'S LAST NAME: \_\_\_\_\_  
(Please print clearly)

Student's name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's name: \_\_\_\_\_ Grade: \_\_\_\_\_

As part of the Physical & Health Education Program (PHE), Fine Arts, Foods program, and extra-curricular clubs, I understand that my child will walk with teacher/staff supervisors to a variety of activities including: walking/running around the block, walking to Save-On Foods, walking to Terry Fox Theatre, and other neighbourhood locations within walking distance of ACRSS.

**Please note: Teachers will communicate ahead of time via email or letter with specific dates and locations of these activities.**

By signing the last page of this document you give permission for your child to attend the above mentioned school activities held at the various locations within walking distance of the school.

### PERMISSION FORM to PARTICIPATE IN WALKATHON

OUR SCHOOL WALKATHON USUALLY TAKES PLACE IN OCTOBER. Students will be walking from Archbishop Carney, along Dominion Avenue, to the Deboville Slough (Poco Trail). Staff and parent supervisors will be along the route.

**Please note: The school will send home more detailed WALKATHON information in the fall.**

By signing the last page of this document you give permission for your child to attend the school Walkathon.

## GENERAL CONSENT AND ACKNOWLEDGMENT OF RISK

**Vehicles:** Students run past driveways of townhouse complexes as well as parked vehicles. Students are to pause or stop to ensure no vehicle is entering or leaving the driveway and that the vehicle has the right of way. Students should have no contact with parked vehicles and must stay on the sidewalk at all times.

**Supervision:** Although teachers supervise the route, it is impossible to see everyone at all times. It is possible that students will be out of sight of supervisors for short periods as they spread out around the block. Students are expected to walk/run with a partner and must remain in the eyesight of others at all times.

**Public Space:** Students are always reminded to be polite, share the sidewalk/trail, and not engage in conversations with people walking or working along the route.

**Injury:** As with all physical activity, there is the possibility of injuries including, but not exclusive to: muscle pulls, strains, sprains, cuts, scrapes, and in more severe instances, broken bones and concussions. Students are encouraged to keep their heads up, be aware of others, and maintain a safe pace (when running).

**Acknowledgement:** 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. I will be responsible for any costs incurred by my child's failure to abide by these rules and regulations, including any costs to send my child home. 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 may be financially responsible for such services.

Accidents can be the result of the nature of the activity and/or the transportation to and from the above-mentioned areas and can occur with or without any fault on either part of the student, or the school or its employees or agents, or the facility where the activity is taking place. By allowing your son/daughter to participate in these activities you are:

- accepting the risk of an accident occurring, and agree that this activity, as described above, is suitable for my child and
- we release the school, its employees and agents, from any actions, claims or damages relating to the activity.
- I acknowledge that it is my responsibility to advise the Leader Teacher of any medical and/or health concerns of my child including Epi-Pen, that may affect his/her participation in the stated program or activity.

I understand that my child(ren) may be exposed to certain risks while participating in this activity and agree to release the school, its employees and agents, as set out above. Accidents and injuries may occur.

### Student's signature required

I have read and understood the expectations put in place to ensure my safety and the safety of others when leaving the Archbishop Carney School premises on a school activity. I agree that reasonable precautions are in place to ensure my safety.

Student signature: \_\_\_\_\_ Grade: \_\_\_\_\_

Student signature: \_\_\_\_\_ Grade: \_\_\_\_\_

Student signature: \_\_\_\_\_ Grade: \_\_\_\_\_

### Parent/Guardian's signature required

I have read and understood the safety concerns relating to my child leaving the Archbishop Carney School premises. I agree that reasonable precautions are in place to ensure my child's safety. I give permission for my child to attend these school activities that are within walking distance of ACRSS.

\_\_\_\_\_  
Parent/Guardian's Name (Please Print)

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

\_\_\_\_\_  
Date