HOLY CROSS
COMMUNITY, FAITH, LEARNING

St. Carlo Acutis
LEGACY ACADEMY

1298 Main Street
Penticton, BC, V2A 5G2

Office: 250-492-4480
Fax: 250-490-4602

Website: holyc.com
Email: hcp.office@cisnd.ca

REGISTRATION PACKAGE 2026-2027

Dear Parents:

Welcome to the Holy Cross School Community. We are a Catholic Independent School in the Nelson Diocese that provides an enriching learning experience for students in Kindergarten to Grade 8.

We believe that parents are the primary educators of their children, and it is our mandate to support and foster the work that has begun at home. At Holy Cross School, students are treated respectfully and will be given the opportunity to enhance their God-given talents. Holy Cross School provides a well-rounded educational experience and your child (ren) will develop spiritually, academically, emotionally, artistically, and athletically.

We proudly offer BC Ministry of Education Curriculum (K-8), excellent faith based education, small to medium class sizes, Music and French specialists (K-8), inclusive learning assistance, competitive sports and we accept students of all faiths.

Holy Cross School is fortunate to have a dedicated and knowledgeable staff, family and parish community. Together we can make a difference in the lives of our children and spread God's gifts throughout the local and worldwide community.

If you require additional information, please contact me at the school. I look forward to working with you as we begin or continue our life-long journey in Catholic education.

Yours in Christ,

Mr. S Campbell
Holy Cross School Principal

HOLY CROSS SCHOOL ST. CARLO ACUTIS LEGACY ACADEMY
1298 Main Street
Penticton, BC V2A 5G2 Phone: 492-4480 Fax: 490-4602 email:
hcp.office@cisnd.ca , or hcp.principal@cisnd.ca web site: www.holyc.com

APPLICATION FOR STUDENT REGISTRATION 2026-2027 BOY:____ GIRL: ____

Grade Applied for: _____ School Last Attended:_____

Surname: _____Given Names: _____

DOB: y/m/d_____ Place of Birth: _____

Citizenship: _____First Nations Status: _____

Mailing Address: _____

City:_____ Province:_____ Postal Code: _____

Street Address (if different from above): _____

Home Phone: _____ Student's Religion: _____

Email Address (for school correspondence):_____

Father's Name: _____Parish: _____ Envelope #: _____

Father's Address: (if different from above)_____

_____Postal Code:_____

Cell Phone: _____ Business Phone: _____

Father's Occupation:_____

Canadian Citizen: _____ Landed Immigrant: _____ First Nations Status:_____

Mother's Name: _____Parish: _____ Envelope #: _____

Mother's Address: (if different from above)_____

_____Postal Code:_____

Cell Phone: _____ Business Phone: _____

Mother's Occupation: _____

Canadian Citizen: _____ Landed Immigrant: _____ First Nations Status: _____

Language Spoken at Home _____

Emergency contact: Name: _____

Relationship to Child: _____ Home Phone: _____

Cell Phone: _____ Business Phone: _____

Please list any medical problems/allergies the school should be aware of:

_____

_____

Please list any legal alerts/custody issues the school should be aware of:

_____

_____

Family Physician: _____ Phone: _____

Student's Care Card Number: _____

Date and Place of Baptism: _____

Date and Place of First Communion: _____

Date and Place of Confirmation: _____

Holy Cross is dedicated to meeting the learning needs of all students. Information is key to the effectiveness of programming planning. Please state any information/diagnosis that would be helpful for the school to know regarding meeting their learning needs. (ex. ADHD, visual/hearing problems, dyslexia, autism, behaviour disorders, etc.)

_____

I hereby certify that the information above is complete and correct.

Signature: _____ Date: _____

Please list any siblings.

Name:_____ Age:_____Gender:_____

Name:_____ Age:_____Gender:_____

Name:_____ Age:_____Gender:_____

REGISTRATION CHECK LIST

To ensure that your registration package is complete, and for your convenience, we have included a checklist of all the documents that are required.
Necessary photocopies are available at the school office free of charge.

- ☐ Registration form completed
- ☐ Birth Certificate
- ☐ Baptismal Certificate if applicable
- ☐ BC Services Card
- ☐ Legal Residency Form
- ☐ Proof of Residency – DL or Utility Bill, with local address
    - Permanent Resident Card
    - Landed Immigrant Documents

TUITION CHECK LIST

- ☐ Bank Authorization Form – Void chq attached
- ☐ September Non-Refundable Tuition Prepaid upon acceptance into the school

FEE CHECK LIST

- □ Participation Fee $200 / Family (refunded if 5 hours of Volunteer service is given during the school year)
- ☐ School Supply Fee $65 / Student
- ☐ Activity Fee $40 / Student

These fees will be drawn via Electronic Funds Transfer (EFT) on Sept 3rd

TUITION SCHEDULE 2026-2027

Parish Family Rates		Regular Rates	
First Child	$363.00/month	First Child	$423.00/month
Two Children	$592.00/month	Two Children	$750.00/month
Three or More	$636.00/month	Three or More	$794.00/month

Parish Family Rates applies to those families who are registered, practicing (regular Mass attendance), and financially contributing in a Catholic Parish.

Personal Information Privacy Policy

1. I consent to having Holy Cross School collect personal information that may include student identification information, birth certificate, legal guardianship, court orders if applicable, parents' work numbers and email address, behavioral, 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 Holy Cross School (1) for the purpose of establishing, maintaining, and terminating the student's or parent's relationship with Holy Cross School, (2) for additional purposes identified when or before personal information is collected, and (3) as otherwise provided in Holy Cross School's Personal Information Privacy Policy, a copy of which is available on request. I also consent to the collection, use and disclosure of such personal information by and to agents, contractors and service providers of Holy Cross School.
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. For more information, the privacy officer for Holy Cross School is The Principal and may be reached at (250) 492-4480.

2. I consent to having photographs and work samples of my child (ren) used by Holy Cross School in the yearbook, newsletters, newspapers and other promotional material. Yes _____ No _____

3. I consent to the school using contact information on phone lists (car pool list, class list, Parent Support Group, etc). Yes _____ No _____

4. I consent to my child (ren)'s picture appearing on the Holy Cross School website. (Names will NOT be published on the website.) Yes _____ No _____

5. I consent to my child (ren)'s picture appearing on the Holy Cross School website in group photos only. (Names will NOT be used) Yes _____ No _____

6. I give permission for my child to participate in school activities off school grounds that are part of the school's curricular or extracurricular programs. I understand that activities where transportation other than walking is required, a special permission form will be sent home before the event. Yes _____ No _____

7. I acknowledge that I am required to do Safe Environment Training & a Criminal Record Check if I wish to volunteer at Holy Cross School or drive for field trips. I acknowledge that my driving records, insurance & DL are required by the school to protect against third party liability claims in case of an accident. I understand that this information will only be released in the event of an accident.

Parent/Guardian: (Print) _____

Signature: _____ Date: _____

BRITISH COLUMBIA
The Best Place on Earth

Appendix A

The following are suggested formats for Student Registration Forms to verify parental/legal guardian lawful admission to Canada and residency in British Columbia. This information should be included in the General Student Record.

LEGAL RESIDENCY OF PARENT

(if parents are deceased, use Appendix 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.

(Lawfully admitted into Canada) 1. 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)

(Residency in British Columbia)

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

☐ Yes Residency address: _____

☐ No I am not a resident of British Columbia

Confirming signature:

3. Parent's/legal guardian's name: _____

Parent's/legal guardian's signature: _____

Date: _____

Ministry of Education
Office of the Inspector of Independent Schools
Mailing Address: PO Box 9153 Stn Prov Govt Victoria BC V8W 9H1
Telephone: (250) 356-2508
Facsimile: (250) 953-4908

HOLY CROSS SCHOOL/St. Carlo Acutis Legacy Academy 1298 MAIN STREET PENTICTON, BC V2A 5G2

Payor's Authorization for Pre-Authorized Debits For Tuition

1. Payor's name and address, please print

   I/We warrant and represent that the following information is accurate.

Mr., Mrs., Ms., Miss,	Surname	First Name
Mailing Address:		
Town:	Postal Code:	Telephone #:

Name of Payor's Financial Institution:		
Mailing Address:		
Town:	Postal Code:	Account #:
Branch #:	Institution #:	

I/We have attached a specimen cheque marked "VOID" to this payor authorization(the "Authorization")

I/We will inform the Payee, in writing, of any change in the information provided in this section of the Authorization prior to the next due date of the PAD ("Pre Authorized Debit")

2. Payee's name & Address:

   Holy Cross School
   1298 Main Street
   Penticton, BC V2A 5G2
   Telephone #: 250-492-4480 Fax#: 250-490-4602

3. I/We acknowledge that the Authorization is provided for the benefit of the Payee and the Processing Institution agreeing to process debits against my/ our account, as listed above, (the "Account") in accordance with the Rules of Canadian Payments Association.

4. I/We warrant and guarantee that all persons whose signatures are required to authorize withdrawls from the Account have signed the Authorization below.

5. I/We hereby authorize the Payee to issue Pre-Authorized Debits (as defined in Rule H4 of the Canadian Payments Association) (The "PAD") drawn on the Account, for the following purpose: **tuition fees**.

6. I/We may cancel the Authorization at any time upon providing written notice to the Payee.

_____ _____

Signature of Account holder(s) Date signed

Holy Cross School/St.Carlo Acutis Legacy Academy Penticton BC

PRACTICING CATHOLIC TUTION RATE REQUEST

If you meet the requirements as outlined in the practicing Catholic rate criteria, complete this form and return it to the school. In doing so, you are affirming that you are a practicing Catholic family and qualify for the parish-subsidized Catholic tuition rate.
Financial support from the parishes to help children receive a Catholic education is taken directly from Sunday collections.
BY HONESTLY ANSWERING "YES" TO THE FOLLOWING STATEMENTS WE ARE REQUESTING THE PRACTISING CATHOLIC TUITION RATE.
We have been registered parish members at _____Catholic Church for at least the last_____ months. Our collection envelope number is_____
We attend Sunday Mass weekly. ____YES ____NO
We contribute financially for the work of the parish. ___YES ___NO
We are involved in the following parish ministries and/or parish groups:

_____

_____

Baptismal information already on file at Holy Cross School OR our child(ren) were Baptized accordingly:

Child's Name _____

Baptismal Church's Name_____

City_____

Date of Baptism _____ (registration requires a copy of the certificate)

I/we, the parent(s)/guardian(s), are practicing Catholics and I/we request the Catholic tuition rate for this school year 20___ - 20___.

X_____ _____
Parent/Guardian Signature Date

X_____ _____
Signature of Priest Date
St. Ann's / St. John Vianney /Sacred Heart/Holy Child

NOTE: Should you not qualify at this time please disregard this form. You may contact the school to request the practicing Catholic tuition rate if your situation changes.