ARCHBISHOP CARNEY REGIONAL SECONDARY SCHOOL
1335 Dominion Avenue Port Coquitlam, BC V3B 8G7 Phone: (604) 942-7465 email: office@acrss.org www.acrss.org

ADMISSION SCHEDULE FOR NEW and RETURNING STUDENTS
2026 - 2027 SCHOOL YEAR

Open House – November 25, 2025
New Application Deadline is January 16, 2026

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 th - 4:00pm to 8:00pm	Accepting New Applications
January 16th - 9:00am to 3:00pm	Accepting New Applications Deadline
January 23rd	Notification to applicants stating status as 'accepted,' 'on waiting list' or 'declined'

If accepted, Acceptance Package (2nd part of the package) Return Dates:

February 19th – 9:00am to 8:00pm

February 20th – 9:00am to 3:00pm

February 23rd – 9:00am to 8:00pm

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.

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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 23rd 2026 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.
For the purposes of admission to this high school, your family is considered members of a regional supporting parish if you are: registered in a supporting parish, regularly attend mass at that parish, use Sunday envelopes from that parish on a regular basis, participate in the work activities required of you by that parish. Regional Parishes are listed below:

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 2026-2027)

Tuition fees are based on your Tuition Category, which is determined by your Pastor's authorization. Tuition fees are due on the 1st or 20th 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 2026-2027 school year, per child.

2026-2027 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 **or families from a regional parish that does not fulfill the requirements for Category 1**	Not an active member of any Catholic parish.
1st child	$530	$660	$940
2nd child	$505	$660	$940
3rd or more child	$0	$0	$940

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

$410 GENERAL STUDENT FEE: **PER CHILD, withdrawn June 1, 2026**
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 one-time payment of $1000 scheduled on July 2, 2026, for non-participation.**

$20 LINK PROGRAM FEE: **Grade 8 students ONLY, withdrawn June 1, 2026**
Covers the cost of the Link Program assisting Grade 8 students with their transition to high school.

$250 GRADUATION FEE: **Grade 12 students ONLY, withdrawn June 1, 2026**
$105 Covers the cost of the commencement ceremony, graduation breakfast, graduation Mass, and other related expenses.
$145 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; and 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.

FINANCIAL ASSISTANCE: if your family is experiencing financial hardship, you should contact your pastor to discuss financial assistance in helping you meet your tuition payments. The pastor, on an individual case basis, will determine the assistance to needy families.

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NEW STUDENT APPLICATION CHECKLIST 2026-2027

Receiving Applications on the following days: January 15th 4:00pm to 8:00pm and January 16th 9:00am to 3:00pm

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 - 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 in the School Handbook, please familiarize yourself with them.

FORMS

Please return to School

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Applying for Grade: *(Circle one)*
GRADE: 8 9 10 11 12

NEW STUDENT APPLICATION 2026-2027

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 complete copy of this form readily available for your reference and updating purposes.

FAMILY INFORMATION

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

STUDENT INFORMATION

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

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

_____

_____

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 2026

Name: _____ **School:** _____ **Grade** _____

Name: _____ **School:** _____ **Grade:** _____

Name: _____ **School:** _____ **Grade:** _____

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

Mother's Home Address

Address _____

City _____**PC**_____

Father's Home Address

Address _____

City _____**PC**_____

Is there an agreement in place ☐ yes ☐ no If yes, please provide terms in the "Family Statement of Commitment Form" provided.

STUDENT EMERGENCY CONTACTS

OTHER CONTACTS - Person to contact other than parents:

_____	_____	_____
Name (In town Contact)	**Relationship to student**	**Phone Number**
_____	_____	_____
Name (In town Contact)	**Relationship to student**	**Phone Number**
_____	_____	_____
Name (Out of town Contact)	**Relationship to student**	**Phone Number**
_____	_____	
Doctor Name	**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.

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STUDENT PERSONAL WRITING FORM

We are seeking students whose families want a Catholic education, not a private school education. We presume that the applicants will have academic motivation to find success in school whether learning is difficult or easy for them.
We are seeking students with some of the following characteristics:

a) Their Faith is important to them;

b) They have shown leadership potential;

c) They have shown cooperative relationships at school, in the family and in the parish;

d) They have participated in the cultural and/or athletic dimensions of schools.

The **Student Applicant** is required to write a paragraph indicating why he/she wants to attend Archbishop Carney Regional Secondary School. **Forms written by parents will not be considered**.

_____

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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 – *(please fill out below only if there is an order or agreement)*

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.*

   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 school 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 school handbook).*

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 school handbook).*

Parents Initials ☐

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 school handbook)*

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 2026-2027

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 2026/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:

_____

_____

_____

_____

_____

_____

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:

_____

_____

_____

_____

_____

_____

_____

ACADEMIC SUPPORT REQUEST 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:

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

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

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 √ 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 **√** 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 New Student

PASTOR'S AUTHORIZATION FORM

School Registration 2026-2027

- 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 SUFFICENT TIME FOR YOUR PASTOR TO COMPLETE.

FAMILY NAME	**NAME OF PARISH ATTENDED BY FAMILY**
FAMILY ADDRESS	
CITY **POSTAL CODE**	**HOME PHONE**

NAME OF STUDENT APPLYING FOR **SEPTEMBER 2026** (***circle grade***)

	8	9	10	11	12

LIST ALL SIBLINGS ALREADY ENROLLED AT ARCHBISHOP CARNEY AND CIRCLE THEIR GRADE IN **SEPTEMBER 2026**

	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

****MORE INFORMATION ON BACK PAGE****

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 2026-2027

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 2026-2027**. 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**