



**Ministry of Education,  
Office of the Inspector of  
Independent Schools**

**Application for  
Interim Certification of  
New Independent Schools**

Information on this form is collected by the Office of the Inspector of Independent Schools under the authority of the *Independent School Act*. The information will be used for processing applications for independent school registration and classification and will be protected under the *Freedom of Information and Protection of Privacy Act*. Questions about the collection and use of this information should be directed to the Inspector of Independent Schools, Ministry of Education, Office of the Inspector of Independent Schools, PO Box 9153 STN PROV GOVT, Victoria BC V8W 9H1.  
Phone: (250) 356-2508 Fax: (250) 953-4908.

Ministry School Code (For Ministry Use Only)	School Society/Authority Code (For Ministry Use Only)
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In accordance with the provision of the *Independent School Act*, the undersigned applies for an Interim Certificate of Group Classification, in order to commence operating an independent school in the Province of British Columbia.

Name of Proposed School		
School Address (Location)		City / Town / Postal Code
School Address (Mailing)		City / Town / Postal Code
Telephone	Facsimile	Email
Name of School Principal		Website URL
Does the school intend to apply for provincial funding within the first year of operation?	Yes or No	Proposed Date of School Opening

**Projected Student Enrollment (minimum enrolment of 10)**

<b>A) Primary</b>				
Kindergarten	Grade 1	Grade 2	Grade 3	Total (A)
<b>B) Early Intermediate</b>				
Grade 4	Grade 5	Grade 6	Grade 7	Total (B)
<b>C) Late Intermediate</b>				
Grade 8	Grade 9	Grade 10	Total (C)	
<b>D) Graduation</b>				
Grade 11	Grade 12			Total (D)
<b>Totals of A, B, C, D Enrollment:</b> (must be ten or more)				

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**Authority Information**

Authority Name (As Incorporated)	
Authority Address (Mailing)	
City / Town / Postal Code	Telephone / Facsimile
Email Address	Name of Chairperson of the School Authority
Authority Incorporated Under ( <i>Society Act, Company Act</i> , Other {specify})	Incorporation Number

**The Authority hereby certifies:**

- that the independent school facilities comply with the enactments of British Columbia, the municipality and the regional district in which the facilities are located, or will comply on the date that the school opens for instructional purposes.
- that the independent school will on the commencement of operations be established in keeping with the requirements of the *Independent School Act*.

**The Authority submits the following documentation with the application:**

- Copy of Certificate of Incorporation, and
- Documentation from the municipality or regional district confirming that there are no compliance related concerns regarding the intended school operation in the proposed facilities, and
- The initial minimum of \$100,000 bond (for group 4 schools only).

*The undersigned hereby certifies that the information in this Application for Interim Certification is, to the best of his/her knowledge and understanding, complete and correct.*

**Signature of the Chair** \_\_\_\_\_

**Date** \_\_\_\_\_

**For Ministry Use Only**

Date Received

Mailing Address:

Ministry of Education  
Office of the Inspector of Independent Schools  
PO Box 9153 STN PROV GOVT  
Victoria BC V8W 9H1

Street/Courier Address:

Ministry of Education  
Office of the Inspector of Independent Schools  
2nd Floor, 620 Superior St  
Victoria BC V8V 1X4

Telephone: (250) 356-2514 Fax: (250) 953-4908

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