



HERITAGE ACADEMY

OF LEARNING EXCELLENCE

STUDENT APPLICATION FORM

207 BAYSWATER AVENUE
OTTAWA • ONTARIO • K1Y 2G5

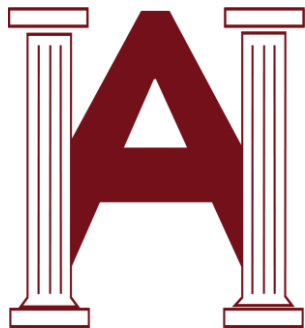
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Ottawa, Ontario K1Y 2G5
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(For Office Use Only)

Registration Fee

P/P: _____

Tuition Contract

Post-Dated Chqs

OSR received

ALLERGIES: _____

Student Application Form

STUDENT INFORMATION

Applicant's Name: _____
First Middle Last

Mailing Address: _____
P.O. Box, R.R. No., etc.

_____ Street Apartment No

_____ City/ Town Province Postal Code

Date of Birth: Year/ _____ Month/ _____ Day/ _____ Place of Birth: _____

Sex: Male Female Primary Language: _____ Present Grade Level: _____

Name of Previous School: _____

Address: _____

School Board: _____

Learning Disability: _____ I.E.P/I.P.R.C.

Email: _____

ALLERGIES: _____ *Anaphylaxis*

PARENTAL INFORMATION

#1 Parent's Full Name: _____ *Mother* *Father* *Guardian/other*

Mailing Address: _____

Tel (hm): _____ (wk): _____ (cell): _____

Marital Status: single married separated divorced common law widower

Employer: _____ Position: _____

Address: _____

#2 Parent's Full Name: _____ *Mother* *Father* *Guardian/other*

Mailing Address: _____

Tel (hm): _____ (wk): _____ (cell): _____

Marital Status: single married separated divorced common law widower

Employer: _____ Position: _____

Address: _____

#3 Parent's Full Name: _____ *Mother* *Father* *Guardian/other*

Mailing Address: _____

Tel (hm): _____ (wk): _____ (cell): _____

Marital Status: single married separated divorced common law widower

Employer: _____ Position: _____

Legal Guardian(s): Mother Father Guardian or other

EMERGENCY TRANSPORTATION

EMERGENCIES OR INJURIES: Students are told that they must report to the supervising staff in an emergency or if they are injured. When required, school authorities will give first aid. If the school is unable to reach the parents, or other authorized persons, as per the personal information sheet, and the situation warrants an ambulance, one will be called. However, parents are responsible for any ambulance expenses. In the parents' absence, an adult will accompany the student from the school if he/she must be transported by ambulance.

We/I understand that we/I will be responsible for any ambulance expenses if our/my child needs to be transported by ambulance from school:

Signature(s) of Parent(s)/ Legal Guardian(s)

Date

MEDICAL INFORMATION

Child's Full Name: _____

Health Card No. : _____ Expiry Date: _____

If not available in an emergency, contact:

Name: _____

Address: _____

Telephone: _____

Family Doctor:

Name: _____

Address: _____

Telephone: _____

Does the child wear glasses: Yes No

If yes: at all times **OR** for school work

Does the child wear a hearing aid: Yes No

If yes: at all times **OR** for school work

Does the child have hyperactivity: Yes No

If yes, is the child taking medication? Yes No

Indicate any health conditions that pertain to your child.

Is this child on a special diet? Yes No *If yes, give details:* _____

Medication

Please note: All medications must be clearly labeled with the child's name and dosage instructions. Students must hand the medication to the school secretary for storage during the day. No students may carry medication with them during the school day or on school excursions.

Does this child take any special medication? Yes No

If yes, name of drug _____

Reason for medication _____

Method of administration (e.g. oral, injection) _____

Times of administration: _____

Storage of medication: (refrigeration, etc.) _____

Additional instructions (e.g. emergency procedures) _____

Will parent send and continue supply of medication? Yes No

Other information: _____

*** Parents must provide the school with written consent in order to administer any medications. Medications must be in their original containers.**

Students Code of Behaviour

1. Each student shall behave properly by doing the best work possible at all times.
2. Each student shall pay attention to the directions of every teacher.
3. Each student shall not interfere in any way with another student.
4. Each student shall use proper language without profanity at all times.
5. Each student shall avoid any behaviour that disrupts the learning in any class.
6. Each student shall avoid damaging school property or equipment.

Consequences:

Unfortunately in every school population there are students who will misbehave.

Students who misbehave will be reported to the Principal who shall assign proper corrective consequences.

Parental/Guardian Agreement

I, _____ (Parent/Guardian) of _____

agree to my child being governed by this Code of Behaviour. I understand that continued misbehaviour may lead to my child's expulsion from school and that in the event of expulsion, the deposit and the fee payments paid for the months in advance will not be refunded.

Date

Signature of Parent/Guardian

Parental Permission Form

School Activities and Outings

A number of outings and activities are planned each year to complement the school's academic program. Students will usually have specific activities or work as a result of an outing. In addition, a number of scheduled activities, which are part of the school program, take place away from the school site.

Scheduled Activities

- Components of the Physical Education and Sports program are conducted outside.
- Recess breaks are usually taken outside the school buildings.

Special Outings

These may include outings such as a visit to:

- | | |
|-------------------------|--------------------|
| ↳ Parliament Buildings, | ↳ Theatres |
| ↳ Museums | ↳ Picnic grounds |
| ↳ Municipal pools | ↳ Universities |
| ↳ Restaurants | ↳ Shopping centres |

Outings may also include visits to special events or other activities determined by the teacher and principal.

Transport of Students

Taxis or buses, at the school's expense, will be used to transport students for Special Outings.

In exceptional circumstances or emergency situations, where it is not possible to communicate with a parent, it may be necessary for a teacher to transport a student in his/her own vehicle. In this event, the teacher's personal auto insurance will cover the student as a passenger.

Parental/Guardian Agreement:

I, _____ (Parent/Guardian) of _____

agree to my child participating in the school activities and outings which are part of the school program.

I understand that in exceptional circumstances or emergency situations, where it is not possible to communicate with me, it may be necessary for a teacher to transport a student in his/her own vehicle and that the teacher's personal auto insurance will cover my child in this event.

Date

Signature of Parent/Guardian