

# Application for Admission

## School Year

Transportation

Re-Registration

Elementary

New Registration

Secondary



Date \_\_\_\_\_

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

Date of Birth \_\_\_\_\_

Sex

M

F

Birth Certificate No. \_\_\_\_\_

Entering Grade \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Current School \_\_\_\_\_

School Phone \_\_\_\_\_

## Parent/Guardian Information

	MOTHER	FATHER
Name		
Address (If Different)		
Home Phone		
Business Phone		
Cell Number		
E-Mail Address		
Place of Employment		

In consideration of the acceptance of this application for admission and other good and valuable consideration, I agree to pay promptly, school tuition fees and disbursements and I covenant to adhere to the rules governing the school. I have read the Schedule of Fees and Rules of this application, and agree that the said rules and regulations are to be incorporated as the terms of agreement entered in herein.

**Signature** \_\_\_\_\_

Date \_\_\_\_\_

## Parent/Guardian Permission

I hereby authorize the release of academic, social, medical and psychological information regarding my son/daughter to Newton's Grove School and their referral sources.

**Signature** \_\_\_\_\_

Date \_\_\_\_\_

We have planned several field trips for the students during the year. We will be visiting the local library, ice rink and swimming pool on a regular basis. As well, we will be visiting specific locations planned to enhance the students' program. As with all other activities, students will be closely supervised.

I, \_\_\_\_\_ grant permission to my son/daughter \_\_\_\_\_ to attend all excursions during the school year provided and arranged by Newton's Grove School and agree to accept the responsibility.

**Signature** \_\_\_\_\_

Date \_\_\_\_\_

I, \_\_\_\_\_ grant permission for my son/daughter's photograph to be used on the Newton's Grove School website, social media, print and promotional materials.

**Signature** \_\_\_\_\_

Date \_\_\_\_\_

I give my consent to Newton's Grove School to share the e-mail address(es) listed above within the school community.

**Signature** \_\_\_\_\_

Date \_\_\_\_\_

# Medical Information Form

School Year \_\_\_\_\_



**NEWTON'S  
GROVE  
SCHOOL**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
Postal Code \_\_\_\_\_ Home Phone \_\_\_\_\_  
Ontario Health Card Number \_\_\_\_\_  
Physician \_\_\_\_\_ Phone \_\_\_\_\_

Is your child currently receiving medication? Yes No

Name of medication \_\_\_\_\_

If yes, describe the condition for which it is being given \_\_\_\_\_ List any medical conditions significant to your child's well being \_\_\_\_\_

_____	_____
_____	_____

## Parent /Guardian Permission

I give permission to Newton's Grove School to administer \_\_\_\_\_  
NAME OF MEDICATION

to my child \_\_\_\_\_  
NAME OF CHILD DOSAGE TIME

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

I give permission to Newton's Grove School to administer Tylenol/Advil to my child as he/she requires.

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

## Emergency Information

Please give the names of two other persons to contact in the event of an emergency if you cannot be reached.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

In the event of an emergency, and I or the above cannot be reached, I authorize Newton's Grove School to act on my behalf and administer to my child as they deem necessary.

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

Pertinent Information \_\_\_\_\_

Parents are advised that despite the inclusion of noise control features in this building, noise levels from increasing aircraft movements may continue to be of concern, occasionally interfering with some of the activities of the school.