

Adventist Christian Elementary School

805 Shelborne Street, London Ontario, N5Z 5C6

Telephone: 519-601-2277

Website: www.aceslondon.ca

E-mail: principal@aceslondon.ca

FORM 1: STUDENT REGISTRATION

STUDENT INFORMATION

STUDENT 1 LEGAL SURNAME		MIDDLE NAME	
LEGAL FIRST NAME		PREFERRED NAME	
DATE OF BIRTH		PRIMARY LANGUAGE	
STUDENT 2 LEGAL SURNAME		MIDDLE NAME	
LEGAL FIRST NAME		PREFERRED NAME	
DATE OF BIRTH		PRIMARY LANGUAGE	
STUDENT 3 LEGAL SURNAME		MIDDLE NAME	
LEGAL FIRST NAME		PREFERRED NAME	
DATE OF BIRTH		PRIMARY LANGUAGE	
HOME ADDRESS		CITY	
POSTAL CODE		HOME CONTACT #	
DATE OF BIRTH		PRIMARY LANGUAGE	

NAME OF PREVIOUS SCHOOL		
ADDRESS OF PREVIOUS SCHOOL		
HAS THE STUDENT(S) EVER BEEN SUSPENDED, DISMISSED, EXPELLED?		
IS THE STUDENT(S) ON AN INDEPENDENT EDUCATION PLAN?		IF YES, PLEASE SUBMIT A COPY OF YOUR IEP.

WAS THE STUDENT(S) BORN IN CANADA? _____

IF YES, PROCEED TO THE FAMILY INFORMATION SECTION.

IF NO, SELECT FROM THE FOLLOWING	<input type="checkbox"/> PERMANENT RESIDENT <input type="checkbox"/> REFUGEE STATUS
COUNTRY OF BIRTH	
DATE OF ENTRY INTO CANADA	

FAMILY INFORMATION

LEGAL SURNAME OF FATHER		FATHER'S FIRST NAME	
FATHER'S OCCUPATION		FATHER'S WORK #	
FATHER'S CELLULAR #		FATHER'S EMAIL	
LEGAL SURNAME OF MOTHER		MOTHER'S FIRST NAME	
MOTHER'S OCCUPATION		MOTHER'S WORK #	
MOTHER'S CELLULAR #		MOTHER'S EMAIL	
CHURCH AFFILIATION			

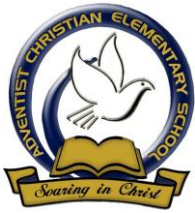
EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT		HOME PHONE #	
RELATIONSHIP TO STUDENT		CELLULAR #	

I VERIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE AS OF THIS DATE.

LEGAL GUARDIAN SIGNATURE

DATE



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FORM 2: STUDENT HEALTH AND MEDICAL INFORMATION

STUDENT MEDICAL INFORMATION

***COPIES OF THIS FORM CAN BE PROVIDED FOR ADDITIONAL CHILDREN**

Ontario Health Card Number: _____ (Copy of OHIP card is needed)

Family doctor's Full Name: _____ Phone # _____

Does your child have a special medical condition the school needs to know about? _____

If yes, please specify condition and necessary instructions:

I hereby give permission to Adventist Christian Elementary School staff to supervise the administration the medication prescribed below to my child: [Click or tap here to enter text..](#) I understand that this form must be filled out completely, that I must provide the medication, and that the medication is to be brought in its original labelled container. It must state the child's name, the health care provider, the name of the medication and dosing information.

Signature _____

Date _____

To be completed by the Health Care Provider with prescriptive authority

Child's Name:

Doctor's Name:

Medication:

Purpose of Medication:

Dosage:

Storage:

Time of Administration:

Possible Side Effects:

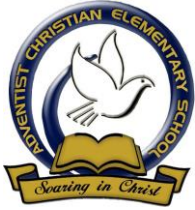
Special Instructions:

Start Date: _____

End Date: _____

Signature of Health Care Provider:

Date:



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FORM 3: FIELD TRIP CONSENT

PARENT/GUARDIAN CONSENT FOR STUDENT TRAVEL

Curricular and extra-curricular field trips are provided by the school as a part of the program to enrich the course of studies through observation of “real world” situations, or as a logical extension of participating in an extra-curricular program provided by the school.

Parents will be informed in advance of any field trips that are planned during the year.

The purpose of this form is to request your parental authorization for your child to participate in the local (not overnight) field trips that are planned for your child while they are a student at Adventist Christian Elementary School.

No student will be allowed to attend a field trip without the written consent of the parent/guardian.

To have your child included in the local field trips that are planned, please complete the form below.

PARENT/GUARDIAN CONSENT:

Consent is given for _____ to participate in the local field trips planned for him/her during their time at Adventist Christian Elementary School.

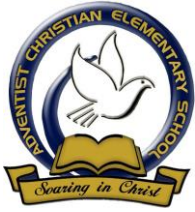
Please indicate any medical condition(s) of your child that the supervising teacher should be aware of when taking your child on a field trip.

I understand that all school rules will apply while students are on field trips and that any field trip will be planned according to the policies of Adventist Christian Elementary School and guidelines provided by the Ontario Conferences, Office of Education.

Parent Name: _____

Parent Signature: _____

Date: _____



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FORM 4: STUDENT TECHNOLOGY USE

STUDENT TECHNOLOGY AGREEMENT AND RELEASE OF LIABILITY

Adventist Christian Elementary School authorizes students to use technology owned or otherwise provided by the school as necessary for instructional purposes. The use of school technology is a privilege permitted at the school's discretion and is subject to the conditions and restrictions set forth in applicable Board policies, administrative regulations, and this Acceptable Use Agreement. The school reserves the right to suspend access at any time. The school expects all students to use technology responsibly in order to avoid potential problems and liability. The school may place reasonable restrictions on the sites, material, and/or information that students may access through the system. Each student who is authorized to use school technology and his/her parent/guardian shall sign this Acceptable Use Agreement as an indication that they have read and understand the agreement.

Definitions

School technology includes, but is not limited to, computers, the school's computer network including servers and wireless computer networking technology (Wi-Fi), the Internet, email, USB drives, wireless access points (routers), tablet computers, smartphones and smart devices, telephones, cellular telephones, personal digital assistants, pagers, MP3 players, wearable technology, any wireless communication device including emergency radios, and/or future technological innovations.

Student Obligations and Responsibilities

Students are expected to use school technology safely, responsibly, and for educational purposes only. The student in whose name school technology is issued is responsible for its proper use at all times. Students shall not share their assigned online services account information, passwords, or other information used for identification and authorization purposes, and shall use the system only under the account to which they have been assigned. Students are prohibited from using school technology for improper purposes, including, but not limited to: 1. Access, post, display, or otherwise use material that is discriminatory, libellous, defamatory, obscene, explicit, or disruptive. 2. Bully, harass, intimidate, or threaten student peers, staff, or other individuals ("cyberbullying"). 3. Disclose, use, or disseminate personal identification information (such as name, address, telephone number, Social Insurance Number, or other personal information) of another student, staff member, or other person with the intent to threaten, intimidate, harass, or ridicule that person. 4. Infringe on copyright, license, trademark, patent, or other intellectual property rights. 5. Intentionally disrupt or harm school technology (such as destroying equipment, placing a virus on computers, adding or removing a computer program without permission from a teacher, changing settings on shared computers). 6. Install unauthorized software. 7. "Hack" into the system to manipulate data of the school or other users. 8. Engage in or promote any practice that is unethical or violates any law or Board policy, administrative regulation, or school practice.

Privacy

Since the use of school technology is intended for educational purposes, the school reserves the right to monitor and record the use of district technology, including, but not limited to, access to the Internet or social media, communications sent or received from school technology, or other uses. Such monitoring/recording may occur at any time without prior notice for any legal purposes including, but not limited to, record retention and

distribution and/or investigation of improper, illegal, or prohibited activity. Students should be aware that, in most instances, their use of school technology (such as web searches and emails) cannot be erased or deleted. All passwords created for or used on any school technology are the sole property of the school.

Consequences for Violation

Violations of the law, Board policy, or this agreement may result in revocation of a student's access to school technology and/or discipline, up to and including suspension or expulsion.

Student 1 Acknowledgment

I have received, read, understand, and agree to abide by this Acceptable Use Agreement and other applicable laws, policies and regulations governing the use of school technology. I understand that any violation may result in loss of user privileges, disciplinary action, and/or appropriate legal action.

Student Name: _____ Student Signature (AGE 10+): _____

Date: _____ Grade: _____

Student 2 Acknowledgment

I have received, read, understand, and agree to abide by this Acceptable Use Agreement and other applicable laws, policies and regulations governing the use of school technology. I understand that any violation may result in loss of user privileges, disciplinary action, and/or appropriate legal action.

Student Name: _____ Student Signature (AGE 10+): _____

Date: _____ Grade: _____

Student 3 Acknowledgment

I have received, read, understand, and agree to abide by this Acceptable Use Agreement and other applicable laws, policies and regulations governing the use of school technology. I understand that any violation may result in loss of user privileges, disciplinary action, and/or appropriate legal action.

Student Name: _____ Student Signature (AGE 10+): _____

Date: _____ Grade: _____

Parent or Legal Guardian Acknowledgment

As the parent/guardian of the above-named student, I have read, understand, and agree that my child shall comply with the terms of the Acceptable Use Agreement. By signing this Agreement, I give permission for my child to use school technology and/or to access the school's computer network and the Internet. I understand that, despite the school's best efforts, it is impossible for the school to restrict access to all offensive and controversial materials. I agree to release from liability, indemnify, and hold harmless the school, district, and district personnel against all claims, damages, and costs that may result from my child's use of technology, or the failure of any technology protection measures used. Further, I accept full responsibility for supervision of my child's use of his/her access account if and when such access is not in the school setting.

Parent Name: _____ Parent Signature: _____

Date: _____