

College Park Elementary School  
**ENROLMENT CHECKLIST**

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Thank you for considering enrolment at College Park Elementary School.

To ensure prompt processing of your application, please complete all enclosed forms and documentation. If you have any questions, do not hesitate to contact the school office at any time.

**NEW STUDENT CHECKLIST**

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Make sure that you provide the following:

**PROOF OF CITIZENSHIP**

- Birth Certificate
- Passport
- Citizenship/Permanent Resident Card or Landing Papers

**COMPLETED FORMS - ENROLMENT**

- New Admission (double sided)
- Kindergarten Student Information
- Statement of Agreement
- Music Gr. 5-8
- Internet and Personal Privacy Form
- Partners In Learning Contract
- Field Trip Consent Form

**HEALTH FORMS**

- Potassium Iodide Form
- Immunization Form
- Allergy/Anaphylaxis Form

**FINANCE**

- Financial Agreement Form
- Tuition Rate Sheet
- Payment Options:     Debit Machine
- Post Dated Cheques
- Pre-Authorized Debit (complete form)

**BUS SERVICE (From Pickering travelling east to the School)**  
Request for Transportation

**HOME AND SCHOOL INTRODUCTION LETTER**

# COLLEGE PARK ELEMENTARY SCHOOL - NEW ADMISSION 20\_\_ to 20\_\_

## Student Information

Students Last Name	First Name	Middle Name	D.O.B. (m-d-y)	Age (yrs & mths)	Grade
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**For Office Use:** Verification of birth date:  Birth certificate  Passport  Other (please specify)

Most recent report card provided:  Yes  No Does student have special educational needs:  Yes  No

Ontario Health Card Number Expiration \_\_/\_\_/\_\_

Indicate pertinent health conditions

Has your child had assessments in:  Vision  Hearing  Speech

Details:

Students Last Name	First Name	Middle Name	D.O.B. (m-d-y)	Age (yrs & mths)	Grade
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**For Office Use:** Verification of birth date:  Birth certificate  Passport  Other (please specify)

Most recent report card provided:  Yes  No Does student have special educational needs:  Yes  No

Ontario Health Card Number Expiration \_\_/\_\_/\_\_

Indicate pertinent health conditions

Has your child had assessments in:  Vision  Hearing  Speech

Details:

Students Last Name	First Name	Middle Name	D.O.B. (m-d-y)	Age (yrs & mths)	Grade
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**For Office Use:** Verification of birth date:  Birth certificate  Passport  Other (please specify)

Most recent report card provided:  Yes  No Does student have special educational needs:  Yes  No

Ontario Health Card Number Expiration \_\_/\_\_/\_\_

Indicate pertinent health conditions

Has your child had assessments in:  Vision  Hearing  Speech

Details:

Students Last Name	First Name	Middle Name	D.O.B. (m-d-y)	Age (yrs & mths)	Grade
--------------------	------------	-------------	----------------	------------------	-------

**For Office Use:** Verification of birth date:  Birth certificate  Passport  Other (please specify)

Most recent report card provided:  Yes  No Does student have special educational needs:  Yes  No

Ontario Health Card Number Expiration \_\_/\_\_/\_\_

Indicate pertinent health conditions

Has your child had assessments in:  Vision  Hearing  Speech

Details:

Parent Information				
<b>Father's Last Name</b>	First Name	Middle Name	Home Telephone #	
Address	Town	Postal Code	Cell Phone #	
Occupation	Employer		Business Telephone#	
Church where membership is held (please specify)			Email	
<b>Mother's Last Name</b>	First Name	Middle Name	Home Telephone #	
Address	Town	Postal Code	Cell Phone #	
Occupation	Employer		Business Telephone#	
Church where membership is held (please specify)			Email	
<b>Guardian's Last Name</b>	First Name	Middle Name	Home Telephone #	
Address	Town	Postal Code	Telephone #	
Occupation	Employer		Business Telephone#	
Church where membership is held (please specify)			Email	
Parents Marital Status: Married ___ Divorced ___ Separated ___ Widowed ___ Student lives with: Father only ___ Mother only ___ Joint custody ___ Guardian ___				
Emergency Contact Information				
Last Name	First Name	Home Phone #	Cell Phone#	Work Phone #
Address			Relationship	
The school is authorized to release the student to the individuals listed on this form. The individuals can also be contacted in case of emergency should the school not be able to contact the parent(s)/guardian(s)				
Parent or Guardian Signature				
Family Physician Contact Information				
<b>Family Physician Name and Address</b>			<b>Phone #:</b>	
Parent Agreement for Communication with Previous School				
I hereby grant permission for College Park Elementary School personnel to communicate with my child(ren's) previous school regarding academic, social and behavioural development				
Parent or Guardian Signature				

## College Park Elementary School Kindergarten Student Information Sheet

Students Name:

Applying for:

**Senior Kindergarten**  Full-time (full day, every day)

**Junior Kindergarten**  Full-time  Part-time (check boxes below)

**Please note:** Your child **must** be able to take care of his/her own bathroom needs.

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

Students Name:

Applying for:

**Senior Kindergarten**  Full-time (full day, every day)

**Junior Kindergarten**  Full-time  Part-time (check boxes below)

**Please note:** Your child **must** be able to take care of his/her own bathroom needs.

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

Students Name:

Applying for:

**Senior Kindergarten**  Full-time (full day, every day)

**Junior Kindergarten**  Full-time  Part-time (check boxes below)

**Please note:** Your child **must** be able to take care of his/her own bathroom needs.

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

Father's Name:

Mother's Name:

Home:

Father's Cell:

Mother's Cell:

**College Park Elementary School**  
**STATEMENT OF AGREEMENT**

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To be signed by the parent/guardian of all students registered at College Park Elementary School.

In making application for my child(ren); *(Please print child full name)*

Student Name(s):

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

I understand that this agreement will be in effect as long as my child(ren) is/are enrolled at College Park Elementary School.

I give permission for my child(ren) to take part in all school activities, including sports and school-sponsored trips away from the school premises, as well as those which do not require motorized transportation.

I authorize school officials to administer first aid and/or take my child(ren) to a physician or hospital for emergency treatment in the event it appears necessary, and if neither, a parent or an appointed guardian can be contacted.

I grant permission to the teachers of my child(ren) to photocopy, publish, display or perform his/her work inside the school setting while registered as a student at the College Park Elementary School.

I agree to make payments for tuition according to the school's financial plan.

I have read the College Park Elementary School Handbook, and subscribe to it. I am willing to have my child(ren) trained in harmony with the principles set forth in it. I recognize the school's right to dismiss any student who does not respect its spiritual standards or cooperate in the educational process.

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**Parent signature**

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**Date**

## GRADES 5 - 8 MUSIC

Music, consisting of either Band or Choir, is a required subject in Grades 5 through 8. Please indicate which your child desires to join.

Student Name

Grade

Does your child play any instrument/read music?

Choir	Band	If you check Band, please state the band instrument played.
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NOTE\* It is the responsibility of the parent to rent/purchase the instrument for your child.

Parent's/Guardian Signature

Date

**INTERNET ACCEPTABLE USE POLICY**  
**College Park Elementary School**  
***Adopted: October 29, 2014***

**I. PURPOSE**

The purpose of this policy is to set forth policies and guidelines for the use of College Park Elementary School (CPES) computers and acceptable use and access of the Internet.

**II GENERAL STATEMENT OF POLICY**

In making decisions regarding student access to CPES computers and to the Internet, the school considers its own stated educational mission, goals, and objectives. Electronic information research skills are now fundamental to preparation of citizens and future employees. Access to the school computer system and the Internet enables students to explore thousands of libraries, databases, Web sites, and other resources while exchanging messages with people around the world. The CPES board expects that faculty will blend thoughtful use of the school computer system and the Internet throughout the curriculum and will provide guidance and instruction to students in their use.

**III. LIMITED EDUCATIONAL USE.**

CPES is providing students and employees with access to the school's computer, which includes Internet access. The purpose of the system is not merely to provide students and employees with general access to the Internet. The computers have a limited educational purpose, which includes use of the system for classroom activities, professional and career development, and limited high quality, self-discovery activities. Users are expected to use Internet access through the system to further educational and personal goals consistent with the mission and policy of CPES. Uses that might be acceptable on a user's personal system may not be acceptable on this limited purpose network.

**IV. USE OF SYSTEM AS A PRIVILEGE**

The use of the school system and access to use of the Internet is a privilege, not a right. Unacceptable use of the CPES computers or Internet may result in one or more of the following consequences: suspension or cancellation of use of access privileges, payment for damages and repairs, discipline under other CPES policies, including suspension, expulsion, or civil or liability under other applicable local provincial or federal laws.

**V. UNACCEPTABLE USES**

The following uses (but not limited) of the CPES computer system and Internet use are considered unacceptable.

- A. 1. Users will not use CPES system to access, review, upload, download, store, print, post, or distribute pornographic, obscene or sexually explicit material.
2. Users will not use CPES system to transmit or receive obscene, abusive, profane, lewd, vulgar, rude, inflammatory, threatening, disrespectful, or sexually explicit language.
3. Users will not use CPES system to access, review, upload, download, store, print, post, or distribute materials that use language or images that are inappropriate to the educational setting or disruptive to the educational process and will not post information or materials that could cause damage or danger of disruption.
4. Users will not use CPES system to access, review, upload, download, store, print, post, or distribute materials that use language or images that advocate violence or discrimination toward other people (hate literature) or that may constitute harassment or discrimination.
5. Users will not use CPES system to knowingly or recklessly post false or defamatory information about a person or organization, or to harass another person, or to engage in personal attacks including prejudicial or discriminatory attacks.
6. Users will not use CPES system to engage in any illegal act or violate any local, provincial or federal law.
7. Users will not use CPES system to vandalize, damage or disable the property of another person or organization, will not make deliberate attempts to degrade or disrupt equipment, software or system performance by spreading computer viruses or by any other means, will not tamper with, modify or change the CPES system software, hardware or wiring or take any action to violate the school's computer security, and will not use the CPES system in such a way as to disrupt the use of the system by other users.
8. Users will not use CPES system to gain unauthorized access to information resources or to access another person's materials, information or files without the implied or direct permission of that person.

## **VI. UNACCEPTABLE USES CONT'D**

9. Users will not use CPES system to post private information about another person or to post personal contact information about themselves or other persons including, but not limited to, addresses, telephone numbers, school addresses, work addresses, identification numbers, account numbers, access codes, and will not repost a message that was sent to the user privately without the permission of the person who sent it. Users will not use CPES system to violate copyright laws, or usage licensing agreements, or otherwise use another person's property without the person's prior approval, including downloading or exchanging of pirated software or copying software to or from any school computer, and will not plagiarize works they find on the Internet.
10. Users will not use CPES system to purchase goods or services for personal use without authorization from the appropriate school personnel.
11. If a user inadvertently accesses unacceptable materials or an unacceptable Internet site, the user shall immediately disclose the inadvertent access to appropriate school personnel. This disclosure may serve as a defence against an allegation that the user has intentionally violated this policy.

## **VI. CONSISTENCY WITH OTHER SCHOOL POLICIES**

Uses of CPES computer system and use of the Internet shall be consistent with school policies and the mission of CPES.

## **VII. LIMITED EXPECTATION OF PRIVACY**

By authorizing use of the CPES system, the school does not relinquish control over materials on the system contained in files on the system. Users should expect no privacy in the contents of personal files on the CPES system. Routine maintenance and monitoring may lead to a discovery that a user has violated this policy, another school policy, or the law. Parents have the right at any time to investigate or review the contents of their child's files.

## **VII. INTERNET USE AGREEMENT**

1. The proper use of the Internet and the educational value to be gained from proper Internet use is the joint responsibility of students, parents and staff of CPES.
2. This policy requires the permission of and supervision by the school's designated professional staff before a student may use or access the Internet.
3. The Internet Use Agreement Form must be signed by the student and the parent/guardian. The Form must then be filed at the school office.

## **IX. LIMITATION ON CPES LIABILITY**

Use of CPES system is at the user's own risk. The system is provided on an "as is, as available" basis. CPES will not be responsible for any damage users may suffer, including, but not limited to, loss damage or unavailability of data stored on diskettes, tapes, hard drives, or for delays or disruptions of service, regardless of the cause. CPES will not be responsible for financial obligations arising through unauthorized use of CPES system or the Internet.

## **X. PARENT RESPONSIBILITY**

Outside of school, parents bear responsibility for the same guidance of Internet use as they exercise with information sources such as television, telephones, radio, movies, and other possibly offensive media. Parents are responsible for monitoring their student's use of CPES system and of the Internet if the student is accessing the school's system from home or a remote location.

## **XI. POLICY REVIEW**

Upon being implemented the school administration may develop revised or new and appropriate guidelines and procedures deemed necessary for the benefit of students and staff. Upon board approval these modifications shall be added as an addendum to this policy. Because of the rapid changes in the development of the Internet, the school board shall receive an annual review of this policy.



**College Park Elementary School**  
**PARENT AGREEMENT FOR PUBLICATION OF PERSONAL INFORMATION**  
**AND IMAGE AND/OR VIDEO OR VOICE RECORDINGS (including Media)**

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Student Name(s): \_\_\_\_\_ Gr.: \_\_\_\_\_ Student Name(s): \_\_\_\_\_ Gr.: \_\_\_\_\_  
 Student Name(s): \_\_\_\_\_ Gr.: \_\_\_\_\_ Student Name(s): \_\_\_\_\_ Gr.: \_\_\_\_\_

We like to share our good news stories. From time to time, school and/or classroom activities such as student projects, achievements, activities, plays, athletics and presentations are photographed or recorded by school staff. Sharing these photographs and recordings is a wonderful way to celebrate and remember these activities, and to showcase our good news stories.

- These recordings/photographs may be published in school newsletters, on the school website and social media including Twitter, Facebook, and YouTube without identifying individual students. **Individual students will only be photographed and identified with appropriate consents.**
- When the media, such as newspapers, television and radio, are invited to the school for the purpose of reporting on newsworthy events or activities, their reports may include non-identifying photos of groups of students.
- In addition, I waive all claims to compensation or damages based on the use of his/her photo and/or video or voice recordings by the school. I also waive any right to inspect or approve the finished child's photo and/or video or voice recordings. I agree that all such portraits, pictures, photographs; video and audio recordings, digital files, works, and any reproductions thereof shall remain the property of the school, unless otherwise noted.
- Parents/Guardians/Adult Students must be aware that when students participate in extra-curricular or non-compulsory activities off school grounds, the school principal is unable to control or prevent any media exposure which may occur.

- Yes, I consent** to the use of my child(ren's) photo and/or video or voice recordings on the school website and social media sites and/or shared with other students/families; and for my child to be photographed or interviewed by the media as outlined above.
- No, I do not consent** to the use of child(ren's) photo and/or video or voice recordings as outlined above.

**Use of Student Information for Specific School-Related Purposes**

Specific data from the student information system and/or student registration form may be used by the school and/or provided to volunteers or families to administer specific school-related programs and services. Only the minimum information required in order to provide services will be provided. Examples of this use would include: sending home a class list containing your child's first name and last initial with other students in the class (e.g. birthday, Valentine's Day cards).

- Yes, I give permission** for my child(ren's) information to be used for the specific school-related purposes identified above.
- No, I do not give permission** for my child(ren's) information to be used for the specific school-related purposes identified above.

.....

**I hereby give the above permissions and release College Park Elementary School from any liability resulting from or connected with publication of such work and information.**

Parent(s)/Guardian(s) Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

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**Internet Acceptable Use Policy**

Student(s) and Parents have read College Park Elementary School's electronic communication system policy and administrative regulations. All agree to abide by their provisions. Student(s) understand that violation of these provisions may result in limitation or suspension of CPES system access. Parents hereby release College Park Elementary School, its operators, and any institution with which it is affiliated from any claims and damages arising from child(ren)'s use of or inability to use the system, including, without limitations, the type of damages identified in the school's policy and regulations.

We (I) \_\_\_\_\_ (Print parent name(s)) give permission for the child(ren) listed above, to participate in College Park Elementary School's system access to the internet and certify that the information contained on this form is correct.

Student Signature(s) 1. \_\_\_\_\_ 2. \_\_\_\_\_  
 3. \_\_\_\_\_ 4. \_\_\_\_\_

Parent(s)/Guardian(s) Signature \_\_\_\_\_  
 \_\_\_\_\_

I understand that this consent is valid for one year and may be withdrawn by me at any time with written notice. If you have any questions or concerns please contact your school principal.

# College Park Elementary School

## PARTNERS IN LEARNING CONTRACT

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We believe that children learn from adults and that love, care, encouragement, positive support and a wholesome, nurturing environment are critical to the healthy development of every child. We are committed to working together, with each of us doing our best to promote \_\_\_\_\_'s achievement.

Student's Name

### As a student, I pledge to:

- Tell the truth, be responsible for myself, treat others with respect, and work cooperatively to resolve problems.
- Work as hard as I can and complete all of my school and homework assignments.
- Talk to my parents about what I am learning in school.
- Ask my teachers for help when I don't understand something.
- Follow my classrooms' and school's rules and procedures.
- Arrive at class on time and prepare to work.

### As a parent, I pledge to:

- Provide a quiet study time at home and encourage good study habits.
- Talk with my child about his/her activities every day.
- Play an active role in my child's education by attending conferences, looking at school work, contacting/speaking with my child's teachers, reading the CPES newsletter, and volunteering when available, and signing agenda daily.
- Ensure my child arrives at school on time.
- Provide an environment that includes adequate food and rest so my child is ready to learn each morning.
- Encourage my child to read and complete their homework daily.
- Work cooperatively with the staff and administration of CPES.
- Provide an email address that can be used for MAPLEWOOD. Kindly insert address here: \_\_\_\_\_

*Email Address*

### As teachers, we pledge to:

- Provide learning experiences in our classrooms.
- Explain our goals, expectations, and grading systems to students and parents.
- Use a variety of teaching methods and materials.
- Hold high expectations for every student's achievement.
- Teach and practice classroom and school behavioral expectations, review the student handbook, and assess our students on their understanding.
- Work with parents to ensure that their children receive the best possible education that we can provide.
- Provide a safe and positive atmosphere for learning.

### As administrators, we pledge to:

- Create a welcoming and positive learning environment at our school.
- Talk with students and parents about the school's mission and goals.
- Provide a safe, orderly learning environment.
- Support the partnership between parent, student, and staff.
- Provide appropriate in-service and training for teachers and parents.

**We have read the College Park Elementary School Handbook and discussed its contents and agree that we will promote safe, respectful, and responsible behaviour.**

\_\_\_\_\_  
Homeroom Teacher's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**COLLEGE PARK ELEMENTARY SCHOOL**  
**Consent for Educational Travel 20\_\_-20\_\_**

**Please complete the form and return it to the teacher.**

**Student Name:**

**Address:**

**Home Phone:**

**Cell Phone:**

**Other Contact:**

**Health Card #:**

**Doctor:**

**Telephone:**

**Destination:** Board/Executive approved classroom field trips on campus and off campus.

**Purpose:** Curriculum based/Class reward

**Departure/Return:** Individual teacher will notify parents prior to activity

**Transportation:** Bus/Car/Walk

**Cost:** Individual teacher will notify parents prior to activity

**Dress:** Weather appropriate and within the school dress code.

Does the student have any medical conditions, medication, special physical condition, allergies etc. of which the teacher/supervisor should be aware? No \_\_\_\_ Yes \_\_\_\_

If yes, please give details:

Permission is granted for the above named child to participate subject to prior notification of the activity.

In the event that I nor any other designated emergency contact can be contacted, I hereby appoint the teacher/substitute teacher as my child's guardian for the purpose of obtaining and consenting to medical care or treatment, (including surgical), recommended by medical personnel for the above named child while in the course of the above mentioned travel.

I understand that any medical costs will be my sole responsibility.

I hereby covenant and agree to ratify and confirm the actions of the appointed guardian and save him/her blameless. The above named student hereby applies to participate for the school year 20\_\_-20\_\_ and parental/guardian consent is granted.

**Parent Name (Please Print):**

**Parent Signature:**

**Date:**

**College Park Elementary School  
Region of Durham Emergency Measures  
POTASSIUM IODIDE CONSENT FORM**

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**PARENTAL CONSENT FOR ADMINISTRATION OF POTASSIUM IODIDE**

In the event of an accident at the Darlington Nuclear Station, radioactive emissions may occur. One type of radioactive material which may be released is radioiodine. If radioiodine is inhaled, it is absorbed by the thyroid. The ingestion of a stable iodine (K1) pill will minimize the amount of radioiodine absorbed in the thyroid. The use of KI pills is voluntary. For questions regarding thyroid blocking and potassium iodide, please contact the Regional Municipality of Durham Health Department at (905) 905-430-2792 or 1-800-372-1102.

Potassium Iodide tablets are presently stored in all schools within the 10km zone of the Darlington Nuclear Station. School Administration has been instructed that the issue of these tablets is subject to notification by the Province of Ontario or Emergency Measures Ontario

The Provincial Nuclear Emergency Plan approved doses for thyroid blocking are:

Adults over 18 years	2 tablet
Children 3-18 years	1 tablet

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If directed by the Province of Ontario or Emergency Measures Ontario,

\_\_\_\_\_  I **GRANT** permission for my child to be administered potassium iodide (K1) in the prescribed dose.  
*Child's Name*  I **DO NOT GRANT** permission for my child to be administered potassium iodide (K1).

\_\_\_\_\_  I **GRANT** permission for my child to be administered potassium iodide (K1) in the prescribed dose.  
*Child's Name*  I **DO NOT GRANT** permission for my child to be administered potassium iodide (K1).

\_\_\_\_\_  I **GRANT** permission for my child to be administered potassium iodide (K1) in the prescribed dose.  
*Child's Name*  I **DO NOT GRANT** permission for my child to be administered potassium iodide (K1).

\_\_\_\_\_  I **GRANT** permission for my child to be administered potassium iodide (K1) in the prescribed dose.  
*Child's Name*  I **DO NOT GRANT** permission for my child to be administered potassium iodide (K1).

My child \_\_\_\_\_ is allergic to iodine.

Parent Name: \_\_\_\_\_  
(please print)

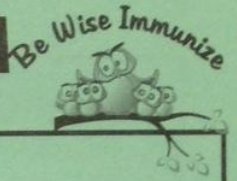
Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(parent or guardian)

**Please Note:**

**This consent** is valid for the duration of your child's enrollment at College Park Elementary School. Please contact the school to make changes or if you have any questions.



# IMMUNIZATION INFORMATION FORM



## TO PARENT/GUARDIAN

Students under 18 years of age attending Ontario schools are required to provide proof of immunization against diphtheria, tetanus, pertussis, polio, measles, mumps, rubella, meningococcal and varicella\* as outlined in the *Immunization of School Pupils Act, R.S.O. 1990, c.I.1*. Exemptions may be granted for medical reasons or statement of conscience or religious belief, using the special forms available for this purpose from the Health Department.

**FAILURE TO PROVIDE IMMUNIZATION INFORMATION COULD RESULT IN THE STUDENT'S SUSPENSION FROM SCHOOL. REMEMBER TO INFORM THE HEALTH DEPARTMENT OF YOUR CHILD'S BOOSTER UPDATES.**

\* Varicella is only required for children born in 2010 or later.

**PLEASE ATTACH A PHOTOCOPY OF YOUR CHILD'S IMMUNIZATION RECORD TO THIS FORM AND RETURN COMPLETED FORM TO THE SCHOOL OR TO THE HEALTH DEPARTMENT BY MAIL**

### Please Print Clearly

STUDENT LEGAL LAST NAME: \_\_\_\_\_ STUDENT LEGAL FIRST NAME: \_\_\_\_\_ OTHER NAMES USED: \_\_\_\_\_

GENDER:  DATE OF BIRTH: 

Y	Y	/	M	M	/	D	D

 ONTARIO HEALTH CARD NUMBER (optional): 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name of school that child will be attending: \_\_\_\_\_

**PARENT/GUARDIAN** FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ **HOME ADDRESS:** STREET: \_\_\_\_\_ CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

**HOME TELEPHONE NUMBER:**

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**BUSINESS TELEPHONE NUMBER:**

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Previous School: \_\_\_\_\_  
City & Province (of school): \_\_\_\_\_

**When your child receives any vaccinations or if you have any questions, contact Durham Region Health Department, Durham Health Connection Line  
Tel. 905-666-6242 or 1-800-841-2729 Fax 905-666-6216 durham.ca/immunize**

Personal information is collected, used and disclosed under the authority of the Health Protection and Promotion Act R.S.O. 1990 c.H.7, s. 5 and the Immunization of School Pupils Act, R.S.O. 1990, s. 11(1) and its Regulations. This information is collected for the purpose of assessing, maintaining records and reporting on the immunization status of children attending schools in the province of Ontario. Questions about this collection of information should be addressed to the Manager, Health Information, Privacy and Security, Durham Region Health Department, at 605 Rossland Rd E., P.O. Box 730, Whitby, ON, L1N 0B2, (905) 668-7711.

**College Park Elementary School**  
**ALLERGY/ANAPHYLAXIS HEALTH INFORMATION**

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CPES is working to ensure the safety and health of our students. To assist in this process all parents are asked to complete this form regarding the allergy health of your child. This form will help the school be prepared to aid students with severe allergies who require the use of Epinephrine injectors.

All Epinephrine users will be required to submit a form completed and signed by the parent(s) and the prescribing physician.

Students who require Epinephrine injectors **must** provide the school with TWO unexpired injectors, prescribed by a physician with the labels on them. One is to be kept with the child in a fanny pack during the school day or in the child's classroom, and the second will be kept in the school office.

Students who previously required the use of Epinephrine will need to provide a release from their physician confirming that it is no longer prescribed.

It is important for the school to have these in place at the start of each school year.

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1. Student Name: \_\_\_\_\_

Does your child have a severe allergy that requires the prescribed use of Epinephrine? Yes  No

Has your child ever required the use of Epinephrine? Yes  No

Has your child EVER been prescribed Epinephrine and no longer requires one? Yes  No   
*If you answer 'yes', the school must have the prescribing Doctor's release on record.*

Comments:

2. Student Name: \_\_\_\_\_

Does your child have a severe allergy that requires the prescribed use of Epinephrine? Yes  No

Has your child ever required the use of Epinephrine? Yes  No

Has your child EVER been prescribed Epinephrine and no longer requires one? Yes  No   
*If you answer 'yes', the school must have the prescribing Doctor's release on record.*

Comments:

Parent/Guardian (print name): \_\_\_\_\_

Parent/Guardian (signature): \_\_\_\_\_ Date: \_\_\_\_\_

**COLLEGE PARK ELEMENTARY SCHOOL  
FINANCIAL AGREEMENT**

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In order to operate College Park Elementary School on a sound financial basis, it is necessary that accounts are kept up to date. Our handbook is clear with regards to accounts in arrears.

It states:

***If an account becomes more than 60 days overdue, the student(s) may be asked to withdraw from school. The Board reserves the right to place an interest charge on accounts over 30 days. No student will be re-admitted until his previous account is paid, or prior financial arrangements have been made with the school treasurer.***

We thank you for your commitment in helping the school to meet its financial obligations. From the enclosed financial information sheet, you will be able to calculate your tuition for the year. Please indicate which payment plan you will be using:

\_\_\_\_\_ I will be paying the full amount for the year by September 30 to take advantage of the 3% discount

\_\_\_\_\_ Monthly payment (pre-authorized payment, cheque, debit or cash).

My church membership is presently with the

\_\_\_\_\_  
*(name of Seventh-Day Adventist Church)*

\_\_\_\_\_ We will be requesting assistance from our church

If so, have you made the request? Yes \_\_\_\_\_ No \_\_\_\_\_

How much are you requesting?      \$\_\_\_\_\_.

Please realize we must receive official notification from you church that subsidy will be coming before you child's registration will be considered complete.

NAME(S) of child/ren: ***(please print first and last names)***

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_.





**College Park Elementary School**  
**PRE-AUTHORIZED DEBIT (PAD) AGREEMENT**

20\_\_-20\_\_

220 Townline Road North

Oshawa, ON L1H 7L9

Phone: (905) 723-0163 - Fax: (905) 723-2894

**1. Parent Information**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**2. Bank Account Information**

Account Number: \_\_\_\_\_ Branch Transit Number: \_\_\_\_\_

Bank Number: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

PLEASE ATTACH A VOID CHEQUE

**3. Pre-Authorized Debit (PAD) Details**

Amount to Debit \$ \_\_\_\_\_ Date of month to Debit \_\_\_\_\_

You, the payor, authorize College Park Elementary School to debit the bank account identified above for regular monthly tuition charges on the date of the month indicated for the months of **September 20\_\_ to June 20\_\_**. These are for personal services.

Signature of Account Holder

Signature of Joint Account Holder *(if applicable)*

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

*(Please print)*

Name: \_\_\_\_\_

*(Please print)*

Date: \_\_\_\_\_

Date: \_\_\_\_\_

You, the payor, may revoke your authorization at any time by providing written notification at least 10 business days before the next debit is scheduled. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca).

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with the terms of this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca)

# REQUEST FOR TRANSPORTATION

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This is a request to arrange a stop that fits within the route of the CPES bus schedule.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Cell: \_\_\_\_\_

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

## CODE OF CONDUCT AGREEMENT

Below you will find the expectations for bus use.

1. Please ensure that you respect the bus driver and riders.
2. Arrive at your pick-up point at least five minutes prior to pick up time.
3. Board the bus in an orderly manner.
4. Always obey directions and instructions of the driver.
5. Please keep your equipment and body parts out of the aisle where possible.
6. Students are requested to keep the volume down so that driver is not distracted and can here if there is a safety issue. Refrain from talking to the driver while the bus is in motion, except in case of an emergency.
7. No eating or drinking on the bus at any time.
8. Always sit in your seat while the bus is in motion.
9. Never leave the bus at any stop other than that predetermined by school or parental permission.

*In addition, please be aware of the following;*

The bus will run on the first day of school following the same time and stops used at the end of the previous school year. The first day of school is always a ½ day (noon dismissal). New stops/changes will begin the second day of school.

When buses are delayed or cancelled in Durham Region, notification will be announced on local radio stations including 94.9FM, KX96 FM, CKDO 1580 AM, and [www.durhamradionews.com](http://www.durhamradionews.com). If Durham school buses are cancelled, our bus is cancelled. Please ensure you check these sources in the case of inclement weather. Bus families can call Phoenix Transportation 905-697-0503 or 1-877-699-0503.

The bus driver is not to allow a student to get off the bus at other than the student's regular stop without authorization from the parent.

**I acknowledge that I have read and discussed the Code of Conduct with my child(ren).**

Parent/Guardian (print name): \_\_\_\_\_

Parent/Guardian (signature): \_\_\_\_\_ Date: \_\_\_\_\_

# COLLEGE PARK ELEMENTARY SCHOOL

Box 31054, 1300 King Street East Oshawa, Ontario, Canada L1H 8N9 **Located at:** 220 Townline Road North L1H 7L9  
Telephone 905.723.0163 FAX 905.723.2984  
**A Seventh-day Adventist School**

## Welcome Letter from PTA President

Thank you for your interest in College Park Elementary School. CPES has a thriving PTA comprised of a dynamic, Christ-centered and energetic group of parents who donate their time and resources for our children. The purpose of the PTA is to unite the home, the school, and the church in their endeavors to provide solid Seventh-day Adventist Christian education for our children.

The PTA considers itself an integral part in the education process of every child at College Park Elementary School with the following objective:

- To promote cooperation between parents and teachers in the educational process.
- To provide opportunities for parents and teachers to develop positive relationships in their work for the children.
- To support the church school in its effort to more fully harmonize the principles of Christian education in philosophy, content, and methodology.
- To strengthen the relationship between home and school by:
  - a. Providing suggestions to the administration and school board for curriculum improvement.
  - b. Encouraging frequent communication between home and school.
  - c. Encouraging parents to visit the school.
  - d. Providing volunteer services as requested by the school.
  - e. Assist in providing the school with additional equipment and facilities not provided by the church or conference.

We welcome you to join our meetings to contribute your ideas to better our school or to voice your concerns. Meetings are held once a month at the school. The day and time is determined by the committee each new school year.

You can show your support by participating in the various programs and events that are planned and organized throughout the year. We are always in need of committee members and volunteers. Whatever level of participation you choose your time and involvement will be greatly appreciated. Some parents feel that they cannot participate in PTA because they cannot come to meetings or be at school during the day. But whether you have 30 minutes or a couple of hours, your ideas, time and talents are truly needed. There are endless possibilities in the ways you can help. Research shows that students whose parents are involved in their education have better grades and fewer disciplinary issues. We promise that the time you give to the PTA and the school will be worth your while – and fun!

Please consider volunteering, it really does make a difference in the lives of all our children here at CPES! We invite you to stop by our PTA table at “Meet the Teacher Night” in September. We would like to thank you in advance for your support. If you have any questions, please do not hesitate to contact you PTA Chairperson.

Welcome to College Park Elementary School.

Sincerely,

College Park Elementary School PTA