

Ottawa Adventist School

2191 Benjamin Avenue, Ottawa, Ontario K2A 1P6

Telephone (613) 722-3770 FAX (613) 722-3767

Christian Education An Adventist Essential

Financial Agreement Form

I/We understand and accept this financial contract as binding between myself/us and the School Board of the Ottawa Adventist School. Any breach of this contract must be settled immediately with the School Board Treasurer.

Full Name(s) of Parent(s) or Gaurdian (Please Print)

Signature

Date (mm/dd/yyyy)

Medical Consent

I/We hereby give permission, (subject to staff attempting to contact me/us or my/our designate), to the teacher to allow my child to have necessary emergency medical treatment. The emergency at the nearest Hospital, or as determined by emergency personnel, is where my child may be taken for medical treatment.

Full Name(s) of Parent(s) or Gaurdian (Please Print)

Signature

Date (mm/dd/yyyy)

Evacuation Consent

I/We hereby give permission for my/our child to be evacuated based on my/our selection in my/our web registration.

Full Name(s) of Parent(s) or Gaurdian (Please Print)

Signature

Date (mm/dd/yyyy)

Field Trip Consent

I/We hereby give permission for my/our child, to participate in the schools off campus field trips. These include, trips to the library, skating, museums, swimming, and other educational or seasonal programs the staff deem to be advantageous. I understand that such trips will be preceded by a note to parent(s) and / or guardian(s).

Full Name(s) of Parent(s) or Gaurdian (Please Print)

Signature

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Media Consent

I/We hereby give permission for the Ottawa Adventist School and the Ontario Conference of Seventh-day Adventist, Office of Education, to use photos or video footage of my/our child in newsletters and other promotional material.

Full Name(s) of Parent(s) or Gaurdian (Please Print)

Signature

Date (mm/dd/yyyy)