

CLASSROOM MANAGEMENT

**SHAPE INTERNATIONAL SCHOOL CANADIAN SECTION
REGISTRATION / STUDENT INFORMATION / EMERGENCY CONTACT /
MEDICAL / DAY OUTING PERMISSION FORM**



INSTRUCTIONS:

COMPLETE AND SEND OR FAX, THE **FOLLOWING INFORMATION AND A COPY OF THE LAST REPORT CARD** TO THE SHAPE INTERNATIONAL SCHOOL (CANADIAN SECTION).

SHAPE SCHOOL FAX (from Canada): 011-32-65-84-17-38

Date of application:

Class:

(will be filled in when placement is completed)

Name of student:

Date of birth:

Address:

Home Phone:

Email Address:

Father's Name:

Mother's Name:

Father's Unit:

Mother's Unit:

Father's Work Phone:

Mother's Work Phone:

School Presently Attending:

*Present Grade:

School Address:

*** A copy of the last Report card must be included**

**PART I
EMERGENCY CONTACT INFORMATION**

Please provide us with the name and phone number of an emergency contact person

- Please note:**
- The person you list on this form is the **ONLY** other person (other than a parent) we can release your child to **UNDER ANY CIRCUMSTANCES**.
 - The person(s) you list here **MUST BE** someone other than either parent.
 - When/if you need to make a change to this information, you must provide the updated information in writing.
 - The school makes every attempt possible to contact **BOTH** parents when a child is sick or injured.
 - The person you list as the emergency contact person must be able to pick up your child (i.e., must be someone who drives).

OSAP 200.03.8 ANNEX D - ADMISSION

FULL NAME OF CHILD:	
EMERGENCY CONTACT PERSON:	
CONTACT'S HOME TEL. NUMBER:	
CONTACT'S WORK TEL NUMBER:	
CONTACT'S CELL # (IF APPLICABLE):	
We appreciate your cooperation in keeping your child's file up-to-date	

**PART II
MEDICAL CONSENT FORM**

I give my permission for my child to be given:		
Emergency First Aid at the discretion of the School Nurse/Principal/Classroom Teacher.	YES	NO

<p>Does your child have any medical condition or special problem that the school should be aware of? If so, please give details. Authorization from the child's Doctor is required if medicine is to be given to your child.</p> <p>Medical Condition:</p> <p>Medication:</p> <p>Administration at the following times and in the following quantities:</p> <p>The following may be a sign of a developing problem:</p> <p>Action required:</p>

**PART III
MEDICAL/EDUCATIONAL OUTING PERMISSION**

<p>During the school year, your child's teacher may wish to take your dependent out of school for an educational outing. To capitalize on the weather or a particular aspect of the school program, such outings can occur on short notice. Outings of this nature would be within walking distance of the school and would not require vehicle transportation. Larger excursions (of further distance that require vehicle transportation) will require specific permission from the parent and a special permission form would be sent home regarding such an excursion.</p>
--

I give my child, _____, permission to go on a supervised educational outing. I understand that the teacher will act "in loco parent is" during such times.			
This permission form valid for duration of registration at SHAPE School			
SIGNATURE OF PARENT:			
PRINT NAME:		DATE:	