

2012-2013 Application For Enrolment (continued)

Student's Last Name : _____

Student's First Name : _____

Medical Information

Doctor's Name: _____

Doctor's Telephone : _____

Medical Conditions: Yes No

If Yes Specify: _____

Allergies: Yes No

If Yes Specify: _____

Epipen Required: Yes No

If Yes Specify: _____

Health Card Number: _____

Emergency Contact Persons

(other than parents)

1. Name: _____

2. Name: _____

Relationship: _____

Relationship: _____

Address: _____

Address: _____

Phone: () _____

Phone: () _____

Cell: () _____

Cell: () _____

Parental Consent and Authorization

I/we give permission for my child to participate in field trips organized by BHMS. I understand that all reasonable care will be taken in supervising of the transportation and activities of the children. I release the school, its employees and parent volunteers from any liability YES NO

I/we hereby authorize the staff of BHMS to secure such medical advice and services as may be deemed necessary for the health and safety of my child. YES NO

I/we give permission for my child's photo to be used for promotional purposes, flyers and posted on the BHMS website. YES NO

I/we agree to take an active role in our child's education and in the BHMS Community by observing my child's classroom, attending parent information sessions, parent/teacher interviews, breakfasts and pot lucks, science fairs and school concerts and by supporting and participating in school events. YES NO

I/we confirm that all information as contained within this application for enrolment is accurate.

Parent/Guardian signature

Parent/Guardian signature

Date

Date

This form must be signed by both parents/guardians. Supporting documentation of sole custody or other special conditions must be attached.

For Office Use

Check List (New Applicants)

- Completed & Signed Application for Enrolment
- Completed & Signed Enrolment Contract
- Completed City of Ottawa Public Health Department School Entry Immunization Form
- Photocopy of Record of Immunizations

- Photocopy of Birth Certificate
- Two recent photos
- Payment
- Top Marks uniform package
- Photocopy of Health Card

Application received: _____

Start Date: _____

OSR Requested: _____

Class Assigned: _____

OSR Received: _____