

Application for Admission



**NEWTON'S
GROVE
SCHOOL**

School Year

Transportation

Re-Registration

Elementary

New Registration

Secondary

Date

Student Name

Date of Birth

Sex M F

Birth Certificate No.

Entering Grade

Address

City

Postal Code

Home Phone

Current School

School Phone

Parent/Guardian Information

MOTHER

FATHER

Name

Address (if Different)

Home Phone

Business Phone

Cell Number

E-Mail Address

Place of Employment

In consideration of the acceptance of this application for admission and other good and valuable consideration, I agree to pay promptly, school tuition fees and disbursements and I covenant to adhere to the rules governing the school. I have read the Schedule of Fees and Rules of this application, and agree that the said rules and regulations are to be incorporated as the terms of agreement entered in herein.

Signature

Date

Parent/Guardian Permission

I hereby authorize the release of academic, social, medical and psychological information regarding my son/daughter to Newton's Grove School and their referral sources.

Signature

Date

We have planned several field trips for the students during the year. We will be visiting the local library, ice rink and swimming pool on a regular basis. As well, we will be visiting specific locations planned to enhance the students' program. As with all other activities, students will be closely supervised.

I, _____ grant permission to my son/daughter _____

to attend all excursions during the school year provided and arranged by Newton's Grove School and agree to accept the responsibility.

Signature

Date

I, _____ grant permission for my son/daughter's photograph to be used on the Newton's Grove School website, social media, print and promotional materials.

Signature

Date

I give my consent to Newton's Grove School to share the e-mail address(es) listed above within the school community.

Signature

Date

Medical Information Form

School Year



**NEWTON'S
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Student Name _____ Grade _____
Address _____ City _____
Postal Code _____ Home Phone _____
Ontario Health Card Number _____
Physician _____ Phone _____

Is your child currently receiving medication? Yes No

Name of medication _____

If yes, describe the condition for which it is being given _____ List any medical conditions significant to your child's well being _____

Parent /Guardian Permission

I give permission to Newton's Grove School to administer _____

NAME OF MEDICATION

to my child _____

NAME OF CHILD

DOSAGE

TIME

Signature _____ **Date** _____

I give permission to Newton's Grove School to administer Tylenol/Advil to my child as he/she requires.

Signature _____ **Date** _____

Emergency Information

Please give the names of two other persons to contact in the event of an emergency if you cannot be reached.

Name _____ Phone _____

Name _____ Phone _____

In the event of an emergency, and I or the above cannot be reached, I authorize Newton's Grove School to act on my behalf and administer to my child as they deem necessary.

Signature _____ **Date** _____

Pertinent Information _____

Parents are advised that despite the inclusion of noise control features in this building, noise levels from increasing aircraft movements may continue to be of concern, occasionally interfering with some of the activities of the school.