



# TOWN CENTRE PRIVATE HIGH SCHOOL®

An International Baccalaureate® (IB) Candidate School

## New Student Enrolment Checklist

## Returning Student Re-Enrolment Checklist

### ***Make sure that you provide the following:***

- Completed application
- Signed Code of Conduct (found at the beginning of the Student and Parent Handbook)
- Completed Confidential Student Assessment form
- Proof of Canadian or landed immigrant status
- Health card
- Academic reports or transcripts for the past two years
- Payment (Visa, MasterCard, debit or cheque)
  - Annually
  - Monthly (All postdated payments are due at registration.)
  - Semi-annually (international students only)
- International students must include:
  - Signed “International Student Expectations” form
  - Proof of health insurance (by first day attended)
  - Copy of passport and student visa (if obtained)
  - Notarized custodial declaration (for students under 18 years of age)

### ***Make sure that you provide the following:***

- Completed application
- Signed Code of Conduct (found at the beginning of the Student and Parent Handbook)
- Change of citizenship or status (if applicable)
- Payment (Visa, MasterCard, debit or cheque)
  - Annually
  - Monthly (All postdated payments are due at registration.)
  - Semi-annually (international students only)





# TOWN CENTRE PRIVATE HIGH SCHOOL®

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Registered Business Name of Town Centre Group Inc.

## HIGH SCHOOL ENROLMENT FORM STUDENT INFORMATION

Grade Enrolling For: \_\_\_\_\_ Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ TCMPS/TCPHS Student New Student  
DD MM YY IB Programme Non-IB Programme

Student's Name:

Surname First Name Middle Name (Name Used)

Date of Birth (D/M/Y): \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Male Female

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Telephone #: \_\_\_\_\_

**Citizenship** (Proof of Citizenship Required) Canadian Landed Immigrant Visa Student Visitor

## FAMILY INFORMATION

### Father's Information

### Telephone Numbers

Name: (Mr./Dr.)

Home:

Last

First

Occupation:

Work:

Place of Employment:

Cell:

Email Address:

### Mother's Information

### Telephone Numbers

Name: (Mrs./Ms./Dr.)

Home:

Last

First

Occupation:

Work:

Place of Employment:

Cell:

Email Address:

### Custodian's Information (if applicable)

### Telephone Numbers

Name: (Mr./Mrs./Ms./Dr.)

Home:

Last

First

Occupation:

Work:

Place of Employment:

Cell:

Email Address:

Home Address:

City:

Postal Code:

Does the student live with: Parent(s) Guardian(s)? Parents' Marital Status: Married Divorced Separated Single Widowed

**If divorced or separated, who is the custodial parent?** Mother Father Both (Joint Custody)

**If joint custody has not been awarded, the School requires a copy of the Court Order granting custody.**

**International Students under the age of 18 must provide Legal Proof of Guardianship and MUST live with their Custodian.**

Names, ages, and dates of attendance of any brothers or sisters who are attending or have attended TCMPS or TCPHS:



**STUDENT MEDICAL INFORMATION**

Student's Name:

Surname

First Name

Date of Birth (DD/MM/YY)

**Ontario Health Card # (include letters):**

**Expiry Date (YYYY/MM/DD):**

Other Insurance (Company and Policy #):

Student's Doctor:

Doctor's Telephone #:

**Dietary Restrictions:** List all foods the student should not eat for religious / dietary reasons.

Has the student been tested for allergies?

YES  NO

Has the student been diagnosed with allergies? If yes, please describe:

YES  NO

Does the student require an EPI-PEN?

YES  NO

It is the responsibility of the Parent/Guardian to ensure that the student has 2 current dated EPI-PENS at school.

If **yes**, you will be required to complete the "Administration of Prescription Medication for Anaphylaxis" form once the student is in attendance. Please provide a medical note from the student's doctor describing the nature of the allergy.

**PLEASE NOTE THAT TCMPs AND TCPhS ARE NOT ALLERGEN FREE ENVIRONMENTS**

Has the student been diagnosed with asthma?

YES  NO

Does the student require an inhaler for asthma?

YES  NO

It is the responsibility of the Parent/Guardian to ensure that the student has a current dated inhaler at school.

Does the student take any medication regularly?

YES  NO

If yes, then please provide name of medication:

Reason and Dosage:

Please specify any medical, social, or emotional problems the school should be aware of:

**EMERGENCY CONTACT AND RELEASE AUTHORIZATION:**

The School is authorized to release the student to the individuals listed below. Those individuals can also be contacted in case of emergency should the School not be able to contact the parent(s)/guardian(s)/custodian(s).

EMERGENCY CONTACT	RELATIONSHIP	CONTACT INFORMATION			EMAIL ADDRESS
		HOME	WORK	CELL	



FOR NEW STUDENTS ONLY

HOW DID YOU HEAR ABOUT TOWN CENTRE MONTESSORI PRIVATE SCHOOLS?

<input type="checkbox"/> Sibling / Family in School	Web sites	Guides	Local Papers
<input type="checkbox"/> Referral by Friend	<input type="checkbox"/> www.tcmps.com	<input type="checkbox"/> Markham Life Magazine	<input type="checkbox"/> Markham Economist & Sun
<input type="checkbox"/> Former Student	<input type="checkbox"/> www.tcphs.com	<input type="checkbox"/> Our Kids Go To School	<input type="checkbox"/> Scarborough Mirror
<input type="checkbox"/> Live/Work in Area		<input type="checkbox"/> Voice (Markham Board of Trade)	<input type="checkbox"/> Sing Tao Newspaper
<input type="checkbox"/> School Flyer	<input type="checkbox"/> Other Site: _____		<input type="checkbox"/> Ming Pao Daily Newspaper
	Signs		<input type="checkbox"/> Durham Parent
	<input type="checkbox"/> Location: _____		<input type="checkbox"/> Sri Lanka Reporter
			<input type="checkbox"/> The Weekly Voice
<input type="checkbox"/> Other, please list: _____			<input type="checkbox"/> Markham Review

ACADEMIC HISTORY

Name of current school:

Address:

City:

Postal Code:

Telephone: (        )

Fax: (        )

Name of last teacher:

Name of Principal:

Please list names and addresses of any other previous schools (3 maximum):

1.

2.

3.

Has the student been enrolled in any special program (example: gifted, French immersion, special education)? Please describe and provide dates:

Has the student been through an IPRC review? YES  NO  (If yes, please attach any recommendations.)

Does the student have any special learning, behavioural or physical difficulties? YES  NO

We ask this in order to better know and care for your child.

Please describe:

Has the student ever been suspended or expelled from any school? NO  YES  (If yes, please explain)

PLEASE SIGN BELOW TO CONFIRM THAT THE ABOVE INFORMATION IS COMPLETE AND CORRECT

Parent's or Guardian's Signature:

Date:





# TOWN CENTRE PRIVATE HIGH SCHOOL®

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*Registered Business Name of Town Centre Group Inc.*

## SCHOOL YEAR AND / OR SUMMER PROGRAM TERMS OF CONTRACT FOR STUDENTS GRADES 9 to 12

### General Terms

1. The terms of this contract apply for the school year in which the student is enrolled at Town Centre Montessori Private Schools (the "School") and the subsequent summer program should the student enrol.
2. Should a student who is enrolled in the school year enrol in the School's summer program held in the months of July and August, immediately following the current school year, then the student information, terms of contract, waivers, and code of conduct will be carried over for the summer program only. Should a student who enrolls for the summer program enrol for the subsequent school year, then all the student information, terms of contract, waivers, and code of conduct will pertain to the subsequent school year only.
3. A student will not be accepted into the School unless the new enrolment form has been completed in full and signed. All required tuition and fees as outlined on the current school year's payment schedule, all postdated payments, and OHIP number or proof of health insurance, must accompany the enrolment form. New students must provide a copy of their birth certificate, proof of citizenship status and immunization documentation, as well as, the above referenced requirements. A student is considered accepted into the School only upon a confirmation form being issued by the School.
4. It is the responsibility of parents or guardians to ensure that their child's immunization record is up to date. In the event that the York Region Health Services Department issues an order of suspension, in which your child is suspended, the School is required to comply with such an order. Where the York Region Health Services Department issues such an order, **there will be no refunds whatsoever with respect to fees for a student who has been suspended.** In addition, where there is an order or directive issued by a government authority or agency that results in students not being able to participate in the school program, there will be no refunds whatsoever with respect to fees for such students.
5. **Parents/Guardians hereby acknowledge that the School is not free of allergens. I/We understand that my child may inadvertently come into contact with a substance he/she may be allergic to and that such contact may cause an allergic reaction. I understand that there are certain risks of allergen contact that are inherent in a school setting.**
6. There is a late pick up charge which is applied at the rate of \$1.00 per minute after 6:30 p.m. or at any time that school staff has to remain beyond established hours to care for a student due to a late pick up.
7. The School reserves the right to accept or reject this application and also to expel a student at any time.
8. Students face expulsion from the School for using, possessing or trafficking drugs, alcohol or other controlled substances on the school premises, during school excursions, when returning to the school or when travelling from school to home. Students found trafficking any controlled substance may also face criminal prosecution.
9. The School reserves the right to request that a student undergo physical and/or psychological examinations if such request by the School is deemed to be in the best interest of the student.
10. The School reserves the right to make such rules and regulations in the operation of the School as it deems appropriate and it is a condition of acceptance that these rules and regulations be observed.
11. All secondary courses and classes listed are subject to change and/or cancellation at anytime, and are offered subject to sufficient enrolment.
12. Students who are expelled from Town Centre Montessori Private Schools or Town Centre Private High School cannot re-register with the School and cannot register for the summer programs.
13. The School reserves the right to change fees at any time.
14. With all methods of payment, the June fee is due at the time of registration or re-enrolment. There are no refunds on the June pre-paid fee for any reason, nor is the June fee deductible from any other fee.
15. All new applicants must pay a one time \$200.00 registration fee per family which is not refundable for any reason.
16. **There are no refunds for mid-month withdrawals, and no refunds for holidays, sick days, or days missed for any reason, throughout the school year.**
17. All payments will be processed the first of each month without exception. No payments will be held over until a future date for any reason whatsoever. A \$25.00 late fee will automatically be charged for any monthly payments received after the first of any month.
18. The student's full name and grade must be written on the back of each and every cheque.
19. A charge of \$50.00 will be levied against all declined credit card payments, N.S.F. cheques or cheques returned for any reason.
20. Should fees remain outstanding five (5) days after the due date, i.e. the first day of the month, the School reserves the right to suspend or expel a student immediately and take whatever action it deems necessary to collect such over due accounts.



**21. Withdrawal Procedure:** Written notice of a student's withdrawal from the School must be received one (1) month prior to the intended date of withdrawal. There will be no refund or transfer of the registration fee and/or the June prepaid fee; however, the balance of the fees will be refunded from either (i) one (1) month after written notice of a student's withdrawal from the School has been received; or (ii) the date of the student's withdrawal, whichever is later, to the end of the school year calculated on the basis of the number of full months remaining in the school year.

**22. International Students Application and Withdrawal Procedure:** International students who are successfully admitted must choose either Option A (one (1) yearly payment) or Option B (two (2) instalments) for their fee payment (see "Method of Payment" below). **Option C (monthly instalments) is not available for international students.**

There will be no refund of the tuition fee when:

- A Letter of Acceptance has been issued, if the student withdraws for any reason;
- If the student is found in violation of School regulations and asked to withdraw from the School;
- If the student changes immigration status during the school year;

**Note:** A full tuition fee refund, less one month's tuition, will only be issued if Citizenship and Immigration Canada does not issue the Study Permit. To obtain a refund, the student must provide: a) The **original** Letter of Rejection from Citizenship and Immigration Canada. B) The **original** letter of Acceptance issued from the School. c) a written refund request by the parent.

**23. TCPHS English Language Learn Summer Orientation Program** Town Centre Private High School runs a two week English Language Learner Orientation on the last weeks prior to Labour Day. This is open to International Students between Grades 6 and Grade 11 and will include field trips to downtown Toronto. Depending on English proficiency, this may serve as a requirement of the high school in order to aid in successful transition.

**24. Method of Payment for Domestic Students:**

Option A. One (1) payment per year, due at registration, with a 4% discount.

Option B. Two (2) equal payments per year, one due at registration and one postdated to October 1st, with a 2% discount.

Option C. Ten (10) equal monthly payments per year, one June deposit payment due at registration and 9 postdated payments due at the first of each month, September 1st through to May 1st. The total number of payments will be pro-rated for students who register after the start of the school year.

Payment may be made by cheque, debit or credit card. All postdated cheques or credit card authorizations must be received at registration.

**4% DISCOUNTS ARE OFFERED FOR EACH ADDITIONAL CHILD OF THE SAME FAMILY. THE ADDITIONAL CHILD (CHILDREN) MUST BE OF THE SAME PARENTS. THE DISCOUNT WILL BE APPLIED TO THE LESSER OF THE STUDENT FEES PAID. MULTIPLE DISCOUNTS ARE NOT OFFERED UNDER ANY CIRCUMSTANCES.**

***JUNE'S FEES ARE NOT REFUNDABLE OR DEDUCTIBLE.***

**I have read and understood the terms of contract, the methods of payment, the withdrawal procedures, and the policies of the School as outlined in the *Student and Parent Handbook* and *Student Code of Conduct* and I hereby agree to all the terms and conditions stated therein.**

\_\_\_\_\_  
Parent's or Guardian's Signature:

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

\_\_\_\_\_  
Signature of Principal, Vice-Principal, Administrator:





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## CONSENT OF PARENT(S)/GUARDIAN(S)

I / We hereby warrant and acknowledge, that the above information for \_\_\_\_\_  
*(Please Print Student's Full Name)*  
is complete and accurate to the best of my/our knowledge. I/We also agree to provide to the School, in a timely manner, any changes regarding my/our child's information.

I/We understand and agree that, in the event of a medical emergency, a medical practitioner and/or a teacher, Principal or other Town Centre Montessori Private Schools' (the "School") employee can authorize emergency medical care for the above named student. In the case of a medical emergency, I/We authorize the School to provide any medical personnel with the basic health information contained in the enrolment form.

I/We authorize the School to provide the above named student with routine first aid, including parental/guardian authorized medication including, but not limited to, the administration of an epi-pen and/or asthma inhaler, and in the event of an emergency, to provide, administer, obtain and/or authorize the necessary medical treatment until such time as I/We can be reached to authorize such further care. It is understood that in the event of a serious medical problem or emergency, every effort will be made to contact the parent(s) or guardian(s). It is understood that this consent shall remain in effect for the current school year and the summer camp program should my child enrol in that program.

I/We also agree to release and indemnify the School, its Director, Officers, Agents and Employees from any and all claims for damages arising from any illness, injury, or otherwise related actions to my child as a result of any accident, illness, injury or for any other reason arising from participation in any school activities.

**I/We, hereby acknowledge that the School is not free of allergens. I/We understand that my child may inadvertently come into contact with a substance he/she may be allergic to and that such contact may cause an allergic reaction. I understand that there are certain risks of allergen contact that are inherent in a school setting.**

\_\_\_\_\_  
Parent's or Guardian's Signature

\_\_\_\_\_  
Parent's or Guardian's Printed Name

\_\_\_\_\_  
Date

## PERMISSION TO GO ON OUTINGS

I/We give permission for the above named student to participate and travel to and from, all sports related activities and in or out of school events during the school year.

\_\_\_\_\_  
Parent's or Guardian's Signature

\_\_\_\_\_  
Parent's or Guardian's Printed Name

\_\_\_\_\_  
Date

**STUDENTS 18 YEARS OF AGE AND OVER SHOULD READ, SIGN AND COMPLETE THEIR OWN WAIVERS.**



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## PROMOTIONAL WAIVER

**Student's Name:** \_\_\_\_\_

During the school year and or summer camp program, numerous photographs are taken to document daily classroom activities, trips, events and special activities. Some of these photographs are used for internal purposes, such as bulletin boards displays, yearbooks and newsletters.

By enrolling my child in the School and permitting them to participate in school activities and events, I acknowledge that the School may use the photographs taken of my child for internal school purposes, promotional, advertising and public relations purposes.

Town Centre Montessori Private Schools reserves the right to use my child's name, photograph and or videos containing my child's image for promotional, advertising and or public relations purposes. Such use of name or photographs may be included in the Town Centre Montessori Private Schools' brochures, posters, Web site and newspaper, magazine and television advertisements. Town Centre Montessori Private Schools will incur the full costs of such photography or videotaping.

I acknowledge and confirm that all photographs, advertisements, Web site materials and related records and documents used in, arising out of or related to Town Centre Montessori Private Schools' promotional, advertising and or public relations activities shall remain the exclusive property of Town Centre Montessori Private Schools who shall own all copyright.

I also waive any and all rights to any personality rights of my child to Town Centre Montessori Private Schools for use on the Town Centre Montessori Private Schools' Web site or in other promotional, advertising or public relations materials.

\_\_\_\_\_  
**Parent's or Guardian's Signature:**

\_\_\_\_\_  
**Parent's or Guardian's Printed Name**

\_\_\_\_\_  
**Date**

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## DEPARTURE FROM SCHOOL DURING NON-INSTRUCTIONAL TIME WAIVER

**Student's Name:** \_\_\_\_\_

*(Please print)*

I/We acknowledge that Town Centre Montessori Private Schools ("TCMPS") is not responsible for the actions of or harm to students when they are not on school property. I/ We release TCMPS® and its respective directors, officers, agents, employees, students, volunteers and their successors and assigns, collectively referred to as ("TCMPS"), from any and all liability for damages sustained in consequence of loss, injury or damage to the person or property of the student referred to above, and from all other actions, causes of action, claims or damages of any kind with respect to death, injury, loss or damage to the person or property of the student, the "Claims", occurring while the above named student is off school property during non-instructional time, which includes, but is not limited to: before school, lunch, spares, or after school.

\_\_\_\_\_  
Parent's or Guardian's Signature:

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

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

**STUDENTS 18 YEARS OF AGE AND OVER SHOULD READ, SIGN AND COMPLETE THEIR OWN  
WAIVERS.**



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## CONSENT TO PARTICIPATE IN SPORTS

I, \_\_\_\_\_ being the parent or legal guardian of \_\_\_\_\_, formally give my permission to participate in TCMPS sports activities including, but not limited to, intramurals, varsity teams, competitions, or recreational activities before, during and/or after school hours during the school year at or off Town Centre Montessori Private Schools' property.

I, the undersigned, hereby acknowledge that certain risks of injury are inherent to participation in sports activities. These types of injuries may be minor or serious and may result from one's own action or actions or inactions of others, or a combination of the above.

I hereby release, hold harmless and forever discharge the Town Centre Montessori Private Schools and any of their respective officers, employees, coaches or agents, from any and all actions, causes of action, claims, and demands for damages, indemnity, costs, interest, loss or injury or every nature and kind whatsoever and howsoever which I have had, may now have or may hereafter have, in any way arising from my child's participation in sports activities.

I declare having read and understood the above consent agreement in its entirety and hereby consent to participate, acknowledge and agree to all the foregoing.

\_\_\_\_\_  
Parent's or Guardian's Signature:

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

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

**STUDENTS 18 YEARS OF AGE AND OVER SHOULD READ, SIGN AND COMPLETE THEIR OWN WAIVERS.**



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## INTERNET USAGE AND PERSONALLY OWNED ELECTRONIC DEVICES AGREEMENT FORM Grades 9 to 12

We are pleased to offer the students of Town Centre Montessori Private Schools and Town Centre Private High School ("the School") access to computer networks for the Internet. To gain access to the Internet, all students under the age of 18 must obtain parental permission and must sign and return this form.

Access to the Internet will enable students to explore thousands of libraries, databases, and bulletin boards while exchanging messages with Internet users throughout the world. Families should be aware that some material accessible via the Internet may contain items that are illegal, defamatory, inaccurate or potentially offensive to some people. While our intent is to make Internet access available to further educational goals and objectives, students may find ways to access other materials as well. The School believes that the benefits to students from access to the Internet, in the form of information resources and opportunities for collaboration, exceed the disadvantages. But ultimately, parents and guardians of minors are responsible for setting and conveying the standards that their children should follow when using media and information resources.

### SCHOOL INTERNET RULES

Students are responsible for good behaviour on the School's computer networks just as they are in a classroom or a hallway. Communications on the network are often public in nature. General school rules for behaviour and communications apply. All policies apply regardless of which device a student is using and whether it is a school device or personal device.

The network is provided for educational purposes or to perform other activities as approved by the School. Access to network services is given to students who agree to act in a considerate and responsible manner. Parental permission is required. **Access is a privilege, not a right.** Access demands responsibility, and access privileges can be revoked.

Network storage areas may be treated like school property. Network administrators may review files to maintain system integrity and ensure that users are using the system in compliance with rules. Users should not expect that files stored on the servers will be private.

Within reason, freedom to access information will be honoured. During school hours, teachers will guide students toward appropriate materials. Outside of school, families bear the same responsibility for such guidance as they exercise with information sources such as television, telephones, movies, radio, and other potentially offensive media.

### **The following behaviours must be agreed upon:**

- I understand and accept that the aim of Internet connection is for educational purposes.
- I understand that I may print only school related materials.
- *I understand that it is against School Policy:*
  - a. to take in or consume food, drinks, snacks, or gum in the Computer Labs
  - b. to use any form of chat or messenger services, or any bulletin boards or guest books, or make any sort of postings from school computers
  - c. to create, send or forward any email or other form of electronic communication deemed obscene, bullying, harassing or abusive either at school or away from school
  - d. to visit sites with unacceptable content
  - e. to use or download any programs, games, music services or files
  - f. to access materials which do not correspond with the expectations of school behaviour
  - g. to download or install any commercial software, shareware, or freeware onto any school computer
  - h. to access illegal materials, or materials which could be deemed questionable through the School's Internet facilities
  - i. to send, create, store, or display inappropriate mail, messages, documents, graphs, files, or photos on any school computer
  - j. to copy programs on the computer network
  - k. to disrespect the resources and equipment of the School
  - l. to move any computer or its components from its original location



- I accept full responsibility and liability for my actions when using the Internet
- I will not use the School's computers for commercial or political purposes
- I will respect the rights, privacy and property of others. I understand that School administrators or teachers may review files to maintain system integrity. I will ensure that I am using the system responsibly.
- I understand that if Town Centre Montessori Private Schools' staff suspect that I am using the computer inappropriately in any way, my computer privileges will be suspended. I understand that a reasonable suspicion is all that is needed to suspend my privileges since computer violations can ultimately affect the privileges of the whole school.

## **CYBERBULLYING**

Cyberbullying is the use of the social media such as Facebook, Twitter or Snapchat and related technologies, such as cell phones, to hurt other people and is unwelcome, or should be known to be unwelcome, intentional and may be persistent. It can be derogatory, defamatory, degrading, abusive, and or illegal.

Cyberbullying is a violation of School rules and policies. Cyberbullying is an offence for which a student can be suspended or expelled regardless if the offence is committed on or off school property and regardless of the technology used.

## **ACCESSIBILITY**

*Grades 9 to 12:* Students in Grades 9 to 12 will be recommended to work on a MacBook or other device as per grade specifications and can use cellular phones.

The above personally owned electronic devices may be able to connect to the School's wireless network. When in use, all of the School Internet rules will apply along with the following:

## **PERSONALLY OWNED ELECTRONIC DEVICES RULES**

1. The School, nor it agents assume responsibility for the loss, recovery, damage, repair or replacement of any personally owned electronic device brought onto School premises or to School sponsored activities.
2. The School is in no way responsible for:
  - a. Personally owned electronic devices that are broken while at school or during school sponsored activities
  - b. Personally owned electronic devices that are lost or stolen at school or during school sponsored events
  - c. Maintenance or upkeep of any personally owned electronic device, i.e. keeping it charged, installed updates or upgrades, fixing any software or hardware problem
3. Prohibited use of personally owned electronic devices that may result in disciplinary action include, but are not limited to:
  - a. Academic integrity being compromised
  - b. Disruption to the instructional day or teaching learning environment
  - c. The uses of peer-to-peer (music/video/file-sharing) software or web-hosting services while connected to the School's network



**PERSONALLY OWNED ELECTRONIC DEVICES RULES continued**

- d. Violation of a person's reasonable expectation of privacy including, but not limited to:
  - Use in washrooms and changerooms
  - Posting of a person(s) image(s) on the Internet or in hard copy
  - Taking pictures of individuals without consent
  - Emailing pictures of individuals without consent
  - Sending inappropriate text messages
- e. Compromising personal and/or school safety e.g. bullying
- f. Any other situation deemed by School administration where student or school safety and security are at risk

**PARENT SECTION: Please read the following carefully and sign on the signature line below.**

I have read, understood and agree to the Internet Usage and Personally Owned Electronic Devices guidelines and have explained it to my child. I further understand that any violation is unethical and may result in the loss of network and or Personally Owned Electronic Device privileges as well as other disciplinary action deemed as appropriate by the School Administration. My child understands the expectations and responsibilities associated with having access to the Internet, as well as their own personally owned electronic devices for educational purposes at school if applicable.

As the parent or legal guardian of the minor student signing above, I grant permission for him/her to access networked computer services such as the Internet. I understand that individuals and families may be held liable for violations. I understand that some materials on the Internet may be objectionable, but I accept responsibility for guidance of Internet use, setting and conveying standards for him/her to follow when selecting, sharing or exploring information and media. I will instruct my child regarding acceptable use, including that which is set forth in the School Internet rules. I will emphasize to my child the importance of following the rules for personal safety.

Parent's Name: \_\_\_\_\_

Parent's or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_







## IMMUNIZATION PROGRAM – QUESTIONNAIRE

\* Please review both sides of this questionnaire before taking any action. \*

Parent/Guardian: \_\_\_\_\_ Phone-Home: \_\_\_\_\_ Work: \_\_\_\_\_

To the Parent/Guardian of: \_\_\_\_\_

Ontario Health Card Number: \_\_\_\_\_

Name of Student \_\_\_\_\_ Class \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_  
 (Year/Month/Day)

Address \_\_\_\_\_

School: \_\_\_\_\_

City/Province \_\_\_\_\_ Postal Code \_\_\_\_\_ No: \_\_\_\_\_ Student No: \_\_\_\_\_

Dear \_\_\_\_\_

All name and address information is provided to York Region Community and Health Services by your child's school. If the above information is incorrect, **please contact your child's school** to have the information corrected on the School Board's computer system.

According to the *Immunization of School Pupils Act*, Public Health Departments are required to have proof of immunization for all students under 18 years of age attending Ontario schools against **diphtheria, tetanus, polio, measles, mumps and rubella**. Immunization against measles, mumps and rubella should be given after the 1st birthday.

The recorded immunizations with York Region Community and Health Services for this student are:

Vaccine ▶	Diphtheria	Pertussis <small>(Whooping Cough)</small>	Tetanus	Polio – IPV <small>(Saik)</small>	Polio – OPV <small>(Sabin)</small>	Hib <small>(Haemophilus)</small>	Measles	Mumps	Rubella	Hepatitis B	Men C Conj	Varicella	Pneuc 7 Conj
Dates Given (yy/mm/dd)													

### IMPORTANT

Attach a copy of your child's complete immunization record from birth (copy of the yellow immunization card) or update any vaccines received not shown in this chart.

This record shows that we do not have dates for the following vaccines:

Information on outstanding vaccines may be recorded below. If your child has not received these vaccinations, please make an appointment with your doctor and take this form and your child's immunization record with you to be updated.		
VACCINE(S) GIVEN:	DATE GIVEN:	DOCTOR'S NAME AND TELEPHONE NUMBER:

Return this form to: \_\_\_\_\_ by: \_\_\_\_\_

**THIS STUDENT MAY BE SUSPENDED FROM SCHOOL IF YOU DO NOT COMPLETE AND RETURN THIS FORM** →

The information provided or attached to this form is being collected, and will be used by the local health unit for the purpose of the Medical Officer of Health, maintaining an immunization record on the above named student and to take appropriate action to prevent certain vaccine preventable diseases in the health unit. This information may be disclosed to the Ministry or other health units for the purpose of the prevention of vaccine preventable diseases. For further details about this collection, you can contact the Manager of Infectious Diseases Control Division by calling (905) 830-4444 ext. 3578; fax (905) 895-6066.

**Publicly Funded Immunization Schedule in Ontario**

Age at vaccination: Completed months and years	Vaccine													
	Diphtheria	Tetanus	Pertussis (Whooping Cough)	Polio	Haemophilus B Influenza (Hib)	Pneumococcal Conjugate	Rotavirus	Measles*	Mumps*	Rubella*	Meningococcal Disease • Type C Conjugate • Type A, C, Y, W-135	Varicella	Hepatitis B (2 doses)	Humanpapilloma Virus (HPV) (3 doses)
2 months	√	√	√	√	√	√	√							
4 months	√	√	√	√	√	√	√							
6 months	√	√	√	√	√									
12 months						√		√	√	√	√			
15 months												√		
18 months	√	√	√	√	√									
4-6 years	√	√	√	√				√	√	√		√		
Grade 7 Students											√		√	
Grade 8 Females														√
14-16 years (Due 10 years from previous booster)	√	√	√											

**Note:** 2 doses of measles vaccine are required—with 1st dose after the 1st birthday.

√ Recommended time of immunization

\* Mandatory per immunization of School Pupil’s Act

**Questionnaire** – Each year, we review all students’ immunization records. Your child will receive a questionnaire when information is required. The completed questionnaire should be returned directly to us by the due date at the bottom of the questionnaire.

**Suspension Order** – Will follow after due date, if no response or incomplete information is provided. A Suspension Order is mailed home to parents stating the date the student will be suspended from school.

**Suspension Date** – The child will not be permitted to attend class until all required information is on file with York Region Immunization Services.

**THIS STUDENT MAY BE SUSPENDED FROM SCHOOL IF YOU DO NOT COMPLETE AND RETURN THIS FORM**

York Region Community and Health Services is required by law to keep immunization information for every school-aged child. We recommend that you keep a copy of your child’s immunization record for future reference. It is the **parent/guardian’s** sole responsibility to provide us with up-to-date immunization information for their child, including the **vaccines and the date given (year, month and day)**. Your doctor does not notify us when a vaccine is given nor do we collect information from the school.

**If you have further questions, please contact Immunization Services at:**  
**Telephone (905) 895-6212, Option 3 or 1-877-794-1880 and select Option 3**  
**Fax (905) 895-6066**  
**Email: immunizations3@york.ca**  
**TTY:1-866-252-9933; or**  
**Visit our website at [www.york.ca/immunization](http://www.york.ca/immunization)**



## FOR OFFICE USE ONLY

INTERVIEWER: \_\_\_\_\_ DATE OF INTERVIEW: \_\_\_\_\_

NAME OF STUDENT: \_\_\_\_\_ AGE: \_\_\_\_\_

APPLYING FOR: PRE-SCHOOL  CLASS PLACEMENT \_\_\_\_\_  
ELEMENTARY   
HIGH SCHOOL  TEACHER: \_\_\_\_\_

AP STREAM:  Regular  Arts  MTB  Math/Science

### CHECK LIST:

#### Method of Payment

Cash   
Cheque (s)   
Credit Card   
Debit Card

#### Required Signatures

Waiver Page   
Contract   
# of Cheques \_\_\_\_\_   
OSR Transfer Request

#### Student Documentation Requirements:

Birth Certificate   
Immunization   
Health Card/Other Insurance   
Landed Immigrant Papers   
Study Permit   
Custodian Declaration (2 pages)

### PAYMENT DETAILS:

Registration Fee <input type="checkbox"/>	Monthly <input type="checkbox"/>	Annually (Paid in Full) <input type="checkbox"/>
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#### Details

NAME ON CHEQUES:	

#### Outstanding Payment Details






# TOWN CENTRE PRIVATE HIGH SCHOOL®

An International Baccalaureate® (IB) Candidate School

Registered Business Name of Town Centre Group Inc.

## CONSENT FOR TRANSFER OF SCHOOL RECORDS

In accordance with the Ontario Student Record (OSR) Guideline published by the Ministry of Education and the provisions of the Municipal Freedom of Information and Protection of Privacy Act, TOWN CENTRE PRIVATE HIGH SCHOOL requires consent from the parent or guardian to request student records.

I hereby consent to the transfer of student records and evaluations for:

(Please Print) Student's Surname \_\_\_\_\_ Student's First Name \_\_\_\_\_

**From:**

NAME OF CURRENT SCHOOL: \_\_\_\_\_

ADDRESS OF CURRENT SCHOOL: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

Parent's or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

