

# STUDENT RE-REGISTRATION 2020-2021

Complete this form and return to the office with your \$200.00 re-registration payment.

Payments may be made by cash, cheque, or by emailing an e-transfer to [accounts@gaglardiacademy.ca](mailto:accounts@gaglardiacademy.ca).

**PARENT/GUARDIAN NAME:**

## I. CHILDREN TO BE RE-REGISTERED:

1. Usual First Name	Usual Last Name	Grade Entering
2. Usual First Name:	Usual Last Name:	Grade Entering:
3. Usual First Name:	Usual Last Name:	Grade Entering:
4. Usual First Name:	Usual Last Name:	Grade Entering:
5. Usual First Name:	Usual Last Name:	Grade Entering:

## FAMILY CONSENTS 2020-2021

**Answer the following consent questions by clicking the "Yes" or "No" boxes. Clicking "Yes" means you agree to the statement and give your consent in the categories listed. The 'Yes' or 'No' Box Must Be Checked for Each Section. Incomplete Forms Will Not Be Accepted.**

- YES      I renew my consent to have Phil & Jennie Gaglardi Academy collect and to use personal information on my behalf including student identification, birth certificate, legal documentation, court orders, work numbers, email addresses, health, behavioural and academic information, emergency contacts and insurance information. I also consent to the collection, use and disclosure of such personal information by and to agents, contractors and service providers of Gaglardi Academy.
- YES       NO      I consent to have photographs and work samples of my child(ren) used in Phil & Jennie Gaglardi Academy's yearbook, newsletters and other printed promotional material. Please note: by clicking 'No', you are stating that you don't want your child's school photo in the yearbook as well.
- YES       NO      I consent to have photographs and/or video of my child(ren), while engaging in school activities, used on Phil & Jennie Gaglardi Academy's website and other electronic media, including the social media pages of Facebook and Instagram. Please note: photos WILL NEVER be tagged with names of students.
- YES       NO      I consent to have my family name, phone number, and email address published in a classroom and/or school community directory.
- YES       NO      I consent to have my family name and email address given to Phil & Jennie Gaglardi Academy's Parent Advisory Council (PAC) for emailing PAC newsletters, meeting minutes, and general communication.
- YES       NO      I consent to complete the family information/medical form that will be sent home with my child(ren) in the first week of September and return it to the school office promptly. Updating this information is **critical** for Phil & Jennie Gaglardi Academy to operate as a Group 1 School under the Ministry of Education.
- YES      I consent to adhere, and encourage my child(ren) to adhere, to Phil & Jennie Gaglardi Academy's Code of Conduct. The Code of Conduct is outlined in the Policy Manual and High School Student Handbook.
- YES       NO      I have read and understand all the policies and information contained in the Policy Manual and/or High School Student Handbook. Furthermore, I agree to abide by Gaglardi Academy's uniform policy and parameters.
- YES       NO      I give permission for my child(ren) to participate in supervised off-campus walking field trips around the neighbourhood throughout the current school year. I understand the risks involved on these walking field trips to include, but are not limited to, potential dangers while walking along the community sidewalks, as well as the inherent dangers associated with crossing streets at marked crosswalks.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

## III. WE WILL NOT BE RE-REGISTERING OUR CHILDREN for the 2020-2021 SCHOOL YEAR:

Names of children who will be withdrawing:

**Please return completed form to the school office by March 20, 2020.**

