

# STUDENT RE-REGISTRATION 2024-2025

Please complete this form and return to the office by Friday, March 1, 2024.

PARENT/GUARDIAN NAME:

### 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

If any of your children have allergies or a medical condition, please list their name below along with their allergy and/or medical condition information. Also, with allergies, please indicate whether it is mild or severe.

## FAMILY CONSENTS 2024-25

Please answer the following statements of consent. Checking "Yes" means you agree to the statement and give your consent in the categories listed. Do not leave any categories unchecked. This information is necessary to update for each school year.

☐ 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

☐ YES to Yearbook & Newsletters only

I consent to have photographs and work samples of my child(ren) used in Phil & Jennie Gaglardi Academy's digital/printed 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 children while engaging in school activities used on Phil & Jennie Gaglardi Academy's website and other electronic media, including the social media platforms Facebook, Instagram, Twitter and YouTube. 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

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 children 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

### WE WILL NOT BE RE-REGISTERING OUR CHILDREN for the 2024-2025 SCHOOL YEAR:

Names of children who will be withdrawing:

We are sorry to see you go. Please provide your reason for withdrawal.

Please return the completed form(s) to the school office by March 1, 2024.

