

FORM #1

To Be Signed and Returned to Home Room teacher

Volunteer Form

Parent volunteers are important to the efficient operation of any school. Here at Charlton, we value our parent volunteers, as they play a vital role in both assisting teachers with their programs, and also in delivering services to our students. If you are able, please assist us in giving our children the best educational experience we, as a community, are able to give. Your assistance is very much appreciated.

I am interested in helping in the following area(s): (please circle the area for which you are interested in volunteering):

Classroom support-assisting by reading with students to improve literacy skills. (For confidentiality purposes, volunteers will not be placed in their own child's classrooms.)

Library Assistant-working under the direction of the Librarian in the school library

Parent's Name _____

Day(s) available **each week** (please circle): M T W Th F Phone # _____

Printed Student Name: _____ Grade: _____

Homeroom Teacher: _____

FORM #2

**To be completed, Signed and Returned to
Home Room teacher**

Student (please print) Last Name: _____ First Name: _____

Homeroom Teacher: _____ Grade: _____

All students and their parents/guardians must sign this form to acknowledge in writing that they have read, understand and abide by:

- The Information Technology Acceptable Use Agreement (available on page 37-38 of the “2013-2014 Guide to the School Year”)
- The Safe, Caring and Supportive Schools Policy (page 55-58 of the same guide as above)

Primary (Gr. 1, 2 & 3) Students

We have read, talked about and will abide by:

- The Information Technology Acceptable Use Agreement (available on page 37-38 of the “2013-2014 Guide to the School Year”)
- The Safe, Caring and Supportive Schools Policy (page 55-58 of the same guide as above)

Parent/Guardian
Signature: _____ Date: _____

Junior (Gr. 4, 5 & 6) and Intermediate (Gr. 7 & 8)

We have read, understand and will abide by:

- The Information Technology Acceptable Use Agreement (available on page 37-38 of the “2013-2014 Guide to the School Year”)
- The Safe, Caring and Supportive Schools Policy (page 55-58 of the same guide as above)

Student Signature: _____ Date: _____

Parent/Guardian
Signature: _____ Date: _____

THIS FORM MUST BE RETURNED TO YOUR SCHOOL.



FORM #3

LUNCH Lunch time is 12.25-1.25 pm.

Parents/Guardians please note:

In following The York Region Police Protocol, we strongly recommend that all students who do not go home for lunch, **remain at school throughout the lunch period daily**. It is impossible to monitor **all** students to ensure they do not leave school grounds. For this reason, we ask that you reinforce with your child that you are putting your trust in him/her to obey school rules that prohibit students from leaving school property.

Supervision of students during lunch is offered by School Assistants whose primary role is to ensure a safe and orderly environment during the lunch hour.

Please review these expectations for all students staying at school for lunch:

- Students will eat lunch in the classroom (Kdg to Gr. 4) / designated area (Gr. 5-8) under teacher/school assistant supervision.
- Students will remain on school property for the entire lunch period under teacher/school assistant supervision.
- Eating a lunch at school is a privilege. If expectations are not met, students may lose this privilege and parents will be asked to provide other arrangements.
- Pizza/other food Days will be determined and the information will be sent home to parents/guardians once the school year starts.

Students who do not go home for lunch daily may **not leave school property without written permission from you on a daily basis.** Students who do so will have consequences, and parents will be informed.

Please complete the form below telling us what you wish your child(ren) to do over the lunch hour.

PLEASE NOTE

The school accepts no legal liability for students who defy school policy and leave school property for lunch without prior written permission from a parent/guardian. Where a student chooses to leave school property during the lunch hour without prior written permission from a parent/guardian, the principal may refuse permission for the child to leave school property in future, even if written permission is granted.

Here's What My Child Is To Do Over the Lunch Hour (please check the appropriate box)

1. My child is to stay at school every day unless I send a written note.
(Note must contain the date, student's name, and parent/guardian's signature.)

☐

2. My child will leave school **daily** to eat lunch at home. My child will be supervised at home by a parent or adult guardian. My child will return to school prior to 1:25 p.m but not before 12.50 p.m.

☐

Child's name: _____ Teacher: _____

Parent/Guardian Signature: _____ Date: _____

FORM #4

Local Field Trip Permission

I am aware there may be local walking trips conducted throughout the school year and I give permission for my child to participate. I understand that more distant locations will require a separate Field Trip Permission form that will be signed by me in order to participate.

Printed Student Name: _____ Grade: _____

Homeroom Teacher: _____

Printed Parent name: _____

Parent's Signature: _____

Date _____



Consent to Post Student Information on the Internet

Date: September, 2013

Dear Parents/Guardians:

Student information that includes identifiers such as their likeness, name, birth date and grade is personal information protected under municipal law. In some instances, it serves you and your child or the York Region District School Board to release certain elements of your child's information over the internet. Your consent is required to release this information.

Throughout the school year, we may have the occasion to use the following information:

Your child's name (first name, last initial) and/or photograph of your child

Your child's name full name and/or photograph for the yearbook

For the purpose of:

Newsletters, school website, yearbook

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Consent for Release -

I, being the parent/legal guardian of the student named below have read and understand the information provided on this form. I **consent** ☐ **do not consent** ☐ to the release of the above information by the York Region District School Board for the individual named below:

Name of Student (please print)

Charlton Public School
Name of School

Name of Parent/Legal Guardian
(please print)

Signature of Parent/Legal Guardian

Date

Personal information is collected under the authority of the Education Act and will be used to manage the disclosure of student information. Contact the school principal for more information.