



BIRCHVIEW DUNES ELEMENTARY SCHOOL

1315 River Road West
Wasaga Beach, Ontario L9Z 2W6
705.429.2551
Fax 705.429.2559
Bill Floyd, Principal
Suzanne Laybolt, Vice Principal

Permissions and Acknowledgements for the 2013 - 2014 School Year

Student's Last Name _____ First Name _____

Please indicate permission for **each** of the following:

- YES/NO** We have discussed the school's CODE OF CONDUCT and are aware of the expectations for behaviour (see school website for grades Kindergarten, 7 and 8 and/or student agenda for grades 1 - 6). Note: Failure to discuss/sign does not absolve your child from his/her need to comply. **(Information in Agenda)**
- YES/NO** My child's name, work and/or photo may be displayed in the school newsletter, yearbook, classrooms, hallways, graduation/concert programs. If there is media coverage (newspaper, radio, TV) of a school-based activity, my child's name and/or photo may appear.
- YES/NO** I give permission for my child to be transported in private vehicle by a volunteer driver approved by the principal/designate for sporting events, school clubs, etc. All volunteers are required to have a current Criminal Record Check with Vulnerable Sector Screening. Notice of this would be given prior to the event. All volunteer drivers are required to complete a form at the office.
- YES/NO** We have discussed our household's lunch time routines. My child will be staying at school for both nutrition breaks. If my child is going home occasionally, I agree to send a note for those specific days.
- YES/NO** I understand that my son/daughter is responsible for all school equipment that is in his/her possession. If any of these books or materials are lost or damaged/destroyed on purpose, I will be responsible for reimbursing the school for the replacement costs of these books or materials.
- YES/NO** I give permission for my child to participate in walking excursions in and around our Birchview Dunes neighbourhood for mapping activities, nature walks, recreation opportunities or to visit local facilities.

Parent/Guardian Name _____ Parent/Guardian Signature: _____

Teacher Name: _____ Date: _____