

Scholars' Hall Inc.

Student Information & Release Form



Personal information is collected and retained for purposes of providing educational services as dictated by the Government of Ontario, the Education Act, and/or the Ontario Ministry of Education and will be used for the establishment and maintenance of the Ontario Student Record in accordance with the (OSR) Guideline 2000. Access to OSR Records may be obtained by contacting the Director of Schools. All information is solely for the use of Scholars' Hall Inc. and will not be provided, without written release, to any person or agency unless it is to provide educational services, as determined by the Government of Ontario, the Education Act, and/or the Ontario Ministry of Education, for a student who was or is presently registered at Scholars' Hall Inc.

Success at Scholars' Hall Inc. is contingent upon five assumptions. First, that a student's parents have accurately and completely informed and provided Scholars' Hall with all the information and documentation regarding the student. Second, that a student is intellectually and academically capable of achieving in a grade appropriate program. Third, that a student strives to improve beyond the academic levels identified at admission. Fourth that a student continues to meet the school's "Standards of Good Conduct and Teachability". Finally, that a student's parents continue to support and promote the philosophies, policies, staff and decisions of Scholars' Hall Inc. Some of the indicators of a student's and parents' continuing desire of success at Scholars' Hall is adherence to the school's "Standards of Conduct and Teachability" including good attendance and punctuality, respect for authority, respect for self and others, respect for public and private property, adherence to the rules of the school, adherence to the laws, compliance with the consequences of rules not followed, honesty, positive attitude towards one's own learning, a daily commitment to achieve to one's potential, respecting the rights and freedom of others. Some reasons why success at Scholars' Hall Inc. would be jeopardized and/or enrollment discontinued include, but are not limited to, the negative of the aforementioned assumptions and indicators, tardiness, absenteeism, breaking the law, negatively affecting the public good will and reputation of the school, threatening or endangering the physical or emotional well being of another person, refusal to comply with academic or behavioural expectations, attitude, verbal or nonverbal disrespect, interference with the general ability of others to benefit from the school, negative influence upon other's attitudes or efforts, smoking, or continuing inappropriate behaviour. All of the above indicators shall be solely at the Director's definition. These "Standards of Conduct and Teachability" and its implementation are described in detail in various other parent and student information, which we acknowledge is a condition of this registration and continued enrollment.

Student's Given Name	Student's Middle Name	Student's Surname	Sex	Birthdate ____ / ____ / ____ day month year
Home Address (street and number)		City	Postal Code () -	Home Phone #
Name of School attended before Scholars' Hall		Previous School's Phone Number	Last grade enrolled in ____ at previous school	

Please Circle who Student lives with:	Both Parents	Mother Only	Father Only	Mother and Step Father	Father and Step Mother	Relatives	Guardian	Home Stay
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Mother/Father

Name: _____

Home Address: _____

Postal Code: _____ Phone: _____

cell number: _____

fax number: _____

Email: _____

Business : _____

Business Address : _____

Business Phone Number: _____

Yes, I wish to participate in the Scholars' Parent Net-Work on the school's website.
Here is a description of how I make my livelihood . . .

Father/Guardian

Name: _____

Home Address: _____

Postal Code: _____ Phone: _____

cell number: _____

fax number: _____

Email: _____

Business : _____

Business Address : _____

Business Phone Number: _____

Yes, I wish to participate in the Scholars' Parent Net-Work on the school's website.
Here is a description of how I make my livelihood . . .

Is the child adopted? YES NO
If yes, from where, at what age?

Are Parents separated or divorces? YES NO
If yes, please provide details of custody.

Is the child an International Student? YES NO
If yes, from where?

Please indicate where report cards and all other correspondence should be sent and if it is to be copied to the other parent, guardian. Also indicate where billing and receipts are to be directed. All International students' correspondence will be provided directly to parents with copy to guardian. Please provide complete contact information.

Medical Information

Ontario Health Card Number Doctor's Name Doctor's Telephone Number

Medical Concerns? NO If YES please describe

Medication? NO If YES please describe reason for taking with administration instructions

Allergies? NO If YES please describe reason for taking with dosages and times

Emergency Contact Information

(ECP) Emergency Contact Person's Name Relationship to student ECP's Telephone Number

MEDICAL LIABILITY RELEASE & CONSENT AUTHORIZATION TO THE TREATMENT OF A MINOR & ADMINISTRATION OF

MEDICATION TO A MINOR: I/We, as the undersigned parent(s)/guardian of _____, a minor, DO HEREBY ABSOLVE AND RELEASE SCHOLARS' HALL INC. AND ITS DESIGNATED REPRESENTATIVES FROM FULL LIABILITY FOR PHYSICAL INJURIES AND MEDICAL EMERGENCIES and do hereby authorize Scholars' Hall Inc. or its designated representative, as agents for the undersigned, to consent to any and all necessary, immediate medical or surgical treatment deemed advisable by a physician or surgeon licensed under the provisions of the Medical Practice Act of Ontario. In this event, I/We agree to pay all costs incurred which may not be covered by The Ontario Health Plan or by my/our other medical insurance policy. I/We, as the undersigned parent(s)/guardian of the above stated minor, do hereby authorize Scholars' Hall Inc. or its designate to administer the above stated medication as prescribed by his/her physician, or other, over the counter, medication as I/We might supply.

Parent(s)/Guardian Signature(s) Date

I/we give consent for my/our child to participate in all school related activities on or off the school's property. I/we consent to the transfer of the Ontario School Record (OSR) to and from Scholars' Hall Inc. I/We consent to the transfer of other pertinent information to Scholars' Hall by others knowledgeable of my/our child. I/we also consent to the transfer of information from Scholars' Hall to others who would require information as a result of a professional relationship with my/our child.

I/we consent and give my/our permission for the use my/our names and/or my/our son's/daughter's name and photographs in school newsletters, yearbooks, promotional materials including printed materials, video, DVD, radio, TV and Scholars' web site, and to the display of student work in the classroom, at Science Fairs, in School publications, and during other School-related activities.

I/we have provided this e-mail address by which Scholars' Hall Inc. is granted permission to use for the communication of our child's personal academic information including his/her report cards and/or any school news, information, and announcements.

My/our email is _____

Parents' / Guardian's / Agent's Signature Date

