



ABLE USE ONLY	
Student Number:	_____
OEN:	_____
Entered ONSYS:	_____

R E G I S T R A T I O N F O R M

Please ensure you read and complete all portions of this registration form.

Student Information:

Name: _____ Sex: _____

Address: _____ City _____

Postal _____ Tel: _____ Cell: _____ E-Mail: _____

Date of Birth: _____ Last Grade Completed: _____
Month Day Year

Last School Attended _____ District/ Province: _____

Emergency Contact Information:

Primary

Name: _____

Home Tel. #: (____) _____

Bus. #: (____) _____

Cell. #: (____) _____

E-mail: _____

Relationship: _____

Secondary:

Name: _____

Home Tel. #: (____) _____

Bus. #: (____) _____

Cell. #: (____) _____

E-mail: _____

Relationship: _____

Primary Program Enrolling in:

<input type="checkbox"/> Flex School™ Junior Program (grade 7-8)	<input type="checkbox"/> Homework Club /Tutoring
<input type="checkbox"/> Flex School™ Secondary School (grade 9-12)	<input type="checkbox"/> Flex School™ Summer/ OneCredit

Included with this Registration:

- | | |
|---|---|
| <input type="checkbox"/> Photocopy of student's birth certificate | <input type="checkbox"/> Copy of student's last report card |
| <input type="checkbox"/> Student's OSR signed Statement of Consent | <input type="checkbox"/> Copy of student's transcript |
| <input type="checkbox"/> Other _____ | |

Student Health History:

Please check if the box if you, the student, **has or has had** any of the following and detail below:

- Asthma
- Epilepsy
- Diabetes
- Anxiety
- heart disease
- high blood pressure
- allergies (food, drug, other) If so, which _____
- other not listed

Is the student currently taking any medication? Yes No

Will the student be taking any medications while at school? Yes No

If YES, name of medication(s) _____

Dosage _____ Time(s) _____

Any restrictions while with us?



CONSENT (Student signs if over 18 years of age):

I hereby give consent for _____ to earn credits through and/or attend class at Above & Beyond Learning Experience for the complete duration of my term of registration.

I further release and agree to indemnify and hold harmless Above & Beyond Learning Experience and its officers, servants or assigns from any liability concerning my involvement in the programs and further agree that the use of all facilities is made at the risk of the registrant.

Program Administration reserves the right to dismiss any student who, in their opinion, is a hazard to the safety or rights of others in the program.

Student Signature

Date

Parent Signature

Date



GENERAL FIELD TRIP PARENTAL CONSENT FORM

I give permission for **STUDENT'S NAME:** _____ to participate in the various day outings and mini field trips, including but not limited to the educational purposes stated below at **Above & Beyond Learning Experience** for the academic year of 20 ____ /20_____.

MODE OF TRANSPORTATION: Staff Vehicles

DESTINATION: Various destinations within the New Tecumseh / Caledon area

EDUCATIONAL PURPOSE: Various daily activities such as Geocaching, Bird Songs, Horse Farms, Bolton Office, etc.

DATE OF TRIP: Random Weekly

COST PER STUDENT: No cost to student unless advised for special events

SPECIAL INSTRUCTIONS: This is a general form for my child to participate in outings deemed appropriate by the Teacher and/or Director and that are relatively local to the school.

MEDICAL RELEASE:

I understand that every effort will be made to contact me in the event of any accident or injury to my child, but in the event that I cannot be reached in an emergency, I hereby authorize the school representative to consent to whatever medical or surgical treatment may be considered necessary or advisable by the physician or nurse in attendance and treating such injuries.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but it is given to provide authority and power on the part of my agent to give specific consent for any and all such diagnosis treatment or hospital care which the aforementioned physician or nurse in the exercise of his/her best judgment may deem advisable.

RELEASE OF CLAIMS AGAINST Ministry of Education and ABOVE & BEYOND LEARNING EXPERIENCE

As Parent/Guardian, I have voluntarily applied, on behalf of my child, to participate in the above-identified field trip. I understand that there are risks in my child's/ward's presence, transportation, and participation in this school-sponsored program. I HEREBY AGREE ON BEHALF OF MY CHILD TO ASSUME ANY AND ALL RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE, ARISING OUT OF, OR CAUSED BY MY CHILD'S/WARD'S PRESENCE AND PARTICIPATION IN THIS FIELD TRIP. I HEARBY RELEASE THE SCHOOL, AND ANY OF IT'S AFFILIATED ORGANIZATIONS, AGENTS, EMPLOYEES, FROM ALL ACTIONS OR CLAIMS, MY CHILD'S HEIRS AND/OR LEGAL REPRESENTATIVES NOW HAVE OR MAY HEREAFTER HAVE FOR BODILY INJURY, DEATH, AND PROPERTY DAMAGE RESULTING FROM MY CHILD'S PARTICIATION IN THIS FIELD TRIP.

I HAVE CAREFULLY READ THIS AGREEMENT AND AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF ON BEHALF OF MY STUDENT, AND THE SCHOOL **ABOVE & BEYOND LEARNING EXPERIENCE** AND I SIGN IT OF MY OWN FREE WILL.

BEHAVIOR EXPECTATIONS

I agree that the supervising personnel have the right at their discretion to enforce the established rules of conduct, and I agree to direct my student to cooperate and conform to directions of the supervising personnel.

SIGNATURES

Parent/Guardian Signature:_____ Date:_____

Please print name:_____ Phone:_____