

École **BANTING MIDDLE School**

820 Banting Drive, Coquitlam, British Columbia V3J 4J4 Phone: 604-939-9247 Fax: 604-939-7623

Parent Signature Sheet

Student Name: _____

Teacher: _____

Please check/sign the following and return this form to your child's teacher by
Friday, September 12, 2008

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|-----|--|-----|--------------------------|----|--------------------------|
| 1. | I have read and discussed with my child the following printed in my child's Agenda Book:
Pages 6-11 (lockers, attendance, etc.) | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| | Pages 12-13 Ecole Banting Middle School Code of Conduct | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| | Pages 14-15 School District #43 School Policies/District Code of Conduct | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 2. | I have completed and returned the Student Information Verification Form | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 3. | I have forwarded the school fee of \$30.00 to the school | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 4. | I have completed and returned the Student Identification Emergency Release Form | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 5. | I have completed and returned (if necessary) the Medical Alert Form | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 6. | I have completed and returned the Grade 6 immunization form (<i>Grade 6 students only</i>) | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 7. | I have completed and returned the HPV immunization form (<i>Grade 6 girls only</i>) | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 8. | I give my permission for my child to go on neighborhood walks (up to 15 minute walks from the school) with the rest of the class, accompanied by appropriate adult supervision, for the duration of the school year. | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 9. | I give permission for my child to be photographed by media (TV or newspaper) and for his/her picture to appear in a public broadcast or other media release for special events that have occurred at the school. | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 10. | Volunteer/Driver Package Requested | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |

Parent's Signature

(Print Name)