

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

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 NO
Pages 12-13 Ecole Banting Middle School Code of Conduct YES NO
Pages 14-15 School District #43 School Policies/District Code of Conduct YES NO
2. I have completed and returned the Student Information Verification Form YES NO
3. I have forwarded the school fee of \$30.00 to the school YES NO
4. I have completed and returned the Student Identification Emergency Release Form
YES NO
5. I have completed and returned (if necessary) the Medical Alert Form YES NO
6. I have completed and returned the Grade 6 immunization form (*Grade 6 students only*)
YES NO
7. I have completed and returned the HPV immunization form (*Grade 6 girls only*)
YES NO
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 NO
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 NO
10. Volunteer/Driver Package Requested YES NO

Parent's Signature

(Print Name)