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April 6, 2021

Registration for 2021-2022

Dear Family,

We are delighted that you have shown an interest in Seventh-day Adventist Christian Education. I would like to remind you that this investment has eternal dividends. At Grandview, we are grateful for the ability to offer you and your children a continued opportunity for Adventist Education.

Please find enclosed the registration forms for the coming school year. Please refer to the enrolment checklist to be certain that you complete and return all the required forms. **These forms are due Friday May 7, 2021 to be eligible for the early registration discount. Be sure to attach the EARLY registration fee of \$80.00 for each student, payable to GAA.**

All registrations after this date will be subject to a \$160.00 registration fee, as there are additional costs for late ordering of textbooks and computer licences. **Please ensure that you register early.**

Thank you for your support of Christian education at Grandview Adventist Academy.

God Bless,

Ellen Bannis MSc PGCE OCT
Principal

Grandview Adventist Academy

ENROLMENT CHECKLIST

Thank you for considering enrolment at Grandview Adventist Academy.

To ensure prompt processing of your application, please complete all enclosed forms and documentation. If you have any questions, do not hesitate to contact the school office at any time.

CHECKLIST

Make sure that you provide the following:

PROOF OF CITIZENSHIP (new students only/choose one proof)

Birth Certificate

Passport

Citizenship/Permanent Resident Card or Landing Papers

COMPLETED FORMS – ENROLMENT (These forms **MUST be completed and returned)**

- * Registration Form (double sided)
- * Statement of Agreement
- * Parent/Student Agreement Form for Access to Internet
- * Parent Agreement for Publication of Personal Information.....
- * Allergy/Anaphylaxis Health Information
- * Financial Information Form

HEALTH FORMS

Immunization Form (new students only - send directly to Public Health Services)

FINANCE

Payment Option: Pre-Authorized Debit (complete form ***if*** you choose to pay by this method)



Grandview
Adventist Academy

REGISTRATION FORM

for School Year 20____ to 20____

STUDENT INFORMATION

STUDENT # 1	Student's Last Name (family name)	First Name (given name)	Middle Name(s)	Date of Birth (MM-DD-YYYY)
	Current Age (years & months)	Grade Entering	Ontario Health Card Number (include expiration date)	
	Please indicate any pertinent health conditions (include allergies):			
	Has your child had assessments in: If so, please provide details: [] Vision [] Hearing [] Speech			
FOR OFFICE USE Verification of birth date: ____ Birth certificate ____ Passport ____ Other (specify): Most recent report card provided: ____ Yes ____ No Special education needs: ____ Yes ____ No				
STUDENT # 2	Student's Last Name (family name)	First Name (given name)	Middle Name(s)	Date of Birth (MM-DD-YYYY)
	Current Age (years & months)	Grade Entering	Ontario Health Card Number (include expiration date)	
	Please indicate any pertinent health conditions (include allergies):			
	Has your child had assessments in: If so, please provide details: [] Vision [] Hearing [] Speech			
FOR OFFICE USE Verification of birth date: ____ Birth certificate ____ Passport ____ Other (specify): Most recent report card provided: ____ Yes ____ No Special education needs: ____ Yes ____ No				
STUDENT # 3	Student's Last Name (family name)	First Name (given name)	Middle Name(s)	Date of Birth (MM-DD-YYYY)
	Current Age (years & months)	Grade Entering	Ontario Health Card Number (include expiration date)	
	Please indicate any pertinent health conditions (include allergies):			
	Has your child had assessments in: If so, please provide details: [] Vision [] Hearing [] Speech			
FOR OFFICE USE Verification of birth date: ____ Birth certificate ____ Passport ____ Other (specify): Most recent report card provided: ____ Yes ____ No Special education needs: ____ Yes ____ No				
STUDENT # 4	Student's Last Name (family name)	First Name (given name)	Middle Name(s)	Date of Birth (MM-DD-YYYY)
	Current Age (years & months)	Grade Entering	Ontario Health Card Number (include expiration date)	
	Please indicate any pertinent health conditions (include allergies):			
	Has your child had assessments in: If so, please provide details: [] Vision [] Hearing [] Speech			
FOR OFFICE USE Verification of birth date: ____ Birth certificate ____ Passport ____ Other (specify): Most recent report card provided: ____ Yes ____ No Special education needs: ____ Yes ____ No				

PARENT/GUARDIAN INFORMATION									
PARENT/GUARDIAN #1	Relationship to Student(s) (if other, specify) [] Father [] Mother [] Other:				Last Name (family name)		Given Names (first & middle)		
	Home Phone		Cell Phone		Work Phone		Email		
	Street Address				City			Postal Code	
	Occupation		Employer			Name of Church Where Membership is Held (if any)			
PARENT/GUARDIAN #2	Relationship to Student(s) (if other, specify) [] Father [] Mother [] Other:				Last Name (family name)		Given Names (first & middle)		
	Home Phone		Cell Phone		Work Phone		Email		
	Street Address				City			Postal Code	
	Occupation		Employer			Name of Church Where Membership is Held (if any)			
Student(s) live with: (if other, specify) [] Both parents, together [] Mother only [] Father only [] Other:					Are there custodial or legal arrangements of which the school should be aware? [] No [] Yes, specify:				
EMERGENCY CONTACT INFORMATION (minimum of one required)									
Grandview Adventist Academy is authorized to release the student(s) to the individual(s) listed below, who may also be contacted in case of emergency should the school not be able to contact the parent(s)/guardian(s).					Parent/Guardian Signature		Date		
CONTACT #1	Relationship to Student(s)			Last Name (family name)			First Name (given name)		
	Home Phone		Cell Phone		Work Phone		Email		
	Street Address				City			Postal Code	
CONTACT #2	Relationship to Student(s)			Last Name (family name)			First Name (given name)		
	Home Phone		Cell Phone		Work Phone		Email		
	Street Address				City			Postal Code	
CONTACT #3	Relationship to Student(s)			Last Name (family name)			First Name (given name)		
	Home Phone		Cell Phone		Work Phone		Email		
	Street Address				City			Postal Code	
FAMILY PHYSICIAN				PREVIOUS SCHOOL CONTACT					
Physician Name, Address & Phone				I hereby grant Grandview Adventist Academy permission to contact my child(ren)'s previous school regarding academic, social and behavioural development.					
				Parent/Guardian Signature				Date	

Grandview Adventist Academy Tuition Information and Fees

2021-2022 Fees (Not Including Registration or Activity Fees)	
Number of Students in Family	Total Tuition (before discounts)
1	\$4700
2	\$9165
3 or more	\$12925

There is a registration fee of **\$160.00** per child to cover classroom expenses (uniforms must be ordered separately).

Early Registration Fee discount - families who register by May 7, 2021 are eligible for an \$80.00 discount on each child's registration fee. **Registration fees are non-refundable.**

Kindergarten fees are eligible as a tax-deductible expense *if* your tax situation meets the criteria specified by Canada Revenue Agency.

Discounts Available	
Constituent Church Member Discount ¹	\$1000 per student (per year)
Non-Constituent SDA Discount ²	Up to \$1000 per student (per year) depending on need
Worthy Student Fund ³	Varies due to need and funds available
Advance Payment Discount ⁴	10% discount of tuition

¹ Our school is subsidized by the following constituent churches: Hamilton East SDA Church, Hamilton Mountain SDA Church, Heritage Green SDA Church, and Really Living SDA Church. **(Families must be in good and regular standing in their respective churches.)** As a result, families from constituent churches automatically receive a discount on their tuition rates. *No application needed.*

² Seventh-day Adventist families from non-constituent churches may apply for a discount. ***Please call the office to schedule an appointment with the Principal.****

³ Worthy Student - Some additional subsidy is available for constituent, non-constituent and non-SDA families from local churches and other programs. ***Please call the office to schedule an appointment with the Principal.****

⁴ Families who pay the school year in advance ***by September 30, 2021***, are eligible for a 10% discount on tuition.

****Please Note:*** In order to receive the Non-Constituent SDA Discount or the Worthy Student Discount, ***the monthly account must be paid on time each month.*** Discounts and/or financial assistance may be forfeited for any month that the account payment does not arrive ***by the first of the month.***

GRANDVIEW ADVENTIST ACADEMY

CREDIT CARD PRE-AUTHORIZATION FORM

This gives Grandview Adventist Academy pre-authorization to process payments to Grandview Adventist Academy to the credit card listed below.

☐ For **ALL** monthly tuition payments for the 2021-2022 school year to Grandview Adventist Academy as per the financial schedule. _____ **Please initial**

OPTIONAL

In addition, Grandview Adventist Academy is offering the opportunity to charge the following fees to your credit card. Grandview Adventist Academy has my permission to charge the following fees to my credit card as needed.

☐ Field Trips (Amount Varies) Consent given with signed permission form (Parents must indicate that the office use the card on file)

☐ Re-registration fee. Consent given with return of pre-registration form (**Parents must indicate that the office use the card on file**)

Family Name: _____

VISA ☐ MasterCard ☐

Card Number: _____ Exp Date: _____

Name on Card : _____

Authorizing Signature: _____ Date _____

Note: It is the Parent's responsibility to update information regarding changes in credit card number(s) or expiry date(s). The parent will still submit the appropriate forms (Field trip permission forms and re-registration forms) clearly stating the amount to be charged and payment section should be marked with 'use card on file'. Grandview Adventist Academy will keep that information for credit card payment reconciliation purposes.

Grandview Adventist Academy
ALLERGY/ANAPHYLAXIS HEALTH INFORMATION

GAA is working to ensure the safety and health of our students. To assist in this process all parents are asked to complete this form regarding the allergy health of your child. This form will help the school be prepared to aid students with severe allergies who require the use of Epinephrine injectors.

All Epinephrine users will be required to submit a form completed and signed by the parent(s) and the prescribing physician.

Students who require Epinephrine injectors **must** provide the school with TWO unexpired injectors, prescribed by a physician with the labels on them. One is to be kept with the child in a fanny pack during the school day, and the second will be kept in the school office.

Students who previously required the use of Epinephrine will need to provide a release from their physician confirming that it is no longer prescribed.

It is important for the school to have these in place at the start of each school year.

1. Student Name: _____

Does your child have a severe allergy that requires the prescribed use of Epinephrine? Yes ☐ No ☐

Has your child ever required the use of Epinephrine? Yes ☐ No ☐

Has your child EVER been prescribed Epinephrine and no longer requires one? Yes ☐ No ☐
If you answer 'yes', the school must have the prescribing Doctor's release on record.

Comments:

2. Student Name: _____

Does your child have a severe allergy that requires the prescribed use of Epinephrine? Yes ☐ No ☐

Has your child ever required the use of Epinephrine? Yes ☐ No ☐

Has your child EVER been prescribed Epinephrine and no longer requires one? Yes ☐ No ☐
If you answer 'yes', the school must have the prescribing Doctor's release on record.

Comments:

Parent/Guardian (print name): _____

Parent/Guardian (signature): _____ Date: _____

ADMINISTRATION OF PRESCRIBED MEDICATION

To be completed when the school agrees with the parental request to administer medication. A new form must be completed when: (a) the process is initiated, (b) at the beginning of each school year, (c) when medication changes. This form is to be filed at the school. School must record date, time given, dosage and name of person administering medication.

A. TO BE COMPLETED BY THE PARENT

Student Name (<i>Last Name, First Name</i>)			D.O.B. (day/month/year)	Gender __ M __ F	Student #
Address			Postal Code		Health Card #
Student Home Phone #	Medic Alert I.D. Yes No	Teacher			Classroom #
Name of Father			Home Phone #		Business #
Name of Mother			Home Phone #		Business #
Name of Guardian			Home Phone #		Business #
Emergency Contact Person					Phone #

B. TO BE COMPLETED BY ATTENDING PHYSICIAN

(For medication which MUST be taken during school hours or during school sponsored events (Instructions re: storage of medication for refrigeration etc.) If more than 1 medication, please see reverse for more pages.

Name of Medication	
Reason for Medication	
Method of Administration (<i>dosage, time of administration</i>)	
Additional Instructions	
What is the impact of a missed dose?	
Name of Physician (<i>please print</i>)	Phone #
<div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>_____ Signature of Physician</div> <div>_____ Date</div> </div>	

C. TO BE COMPLETED BY THE PARENT/GUARDIAN

<div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>_____ Signature of Parent/Guardian</div> <div>_____ Date</div> </div>	
---	--

I authorize and request the administration of the above medication from _____ to _____
 I will provide the medication in the original container with expiration date, labeled by a pharmacist.

D. TO BE COMPLETED BY THE PRINCIPAL OR DESIGNATE

Staff designated to supervise/administer medication	
Alternate(s)	
Location of Medication in the School	
Signature of Principal	Date

This form is to be retained by the school.

**Administration of Prescribed
Medication Form**
B. TO BE COMPLETED BY ATTENDING PHYSICIAN

(For medication which MUST be taken during school hours or during school sponsored events (Instructions re: storage of medication for refrigeration etc.) If more than 1 medication, please see reverse for more pages.

Name of Medication	
Reason for Medication	
Method of Administration (<i>dosage, time of administration</i>)	
Additional Instructions	
What is the impact of a missed dose?	
Name of Physician (<i>please print</i>)	Phone #
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Signature of Physician </div> <div style="width: 35%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date </div> </div>	

B. TO BE COMPLETED BY ATTENDING PHYSICIAN

(For medication which MUST be taken during school hours or during school sponsored events (Instructions re: storage of medication for refrigeration etc.) If more than 1 medication, please see reverse for more pages.

Name of Medication	
Reason for Medication	
Method of Administration (<i>dosage, time of administration</i>)	
Additional Instructions	
What is the impact of a missed dose?	
Name of Physician (<i>please print</i>)	Phone #
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Signature of Physician </div> <div style="width: 35%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date </div> </div>	

Grandview Adventist Academy
STATEMENT OF AGREEMENT

To be signed by the parent/guardian of all students registered at Grandview Adventist Academy.

In making application for my child(ren); (Please print child's full name)

Student Name(s):

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

I understand that this agreement will be in effect as long as my child(ren) is/are enrolled at Grandview Adventist Academy.

I give permission for my child(ren) to take part in all on-site school activities.

I authorize school officials to administer first aid and/or take my child(ren) to a physician or hospital for emergency treatment in the event it appears necessary, and if neither a parent or an appointed guardian can be contacted.

I grant permission to the teachers of my child(ren) to photocopy, publish, display or perform his/her work inside the school setting while registered as a student at Grandview Adventist Academy.

I agree to make payments for tuition according to the school's financial plan.

I have read the Grandview Adventist Academy Handbook, and subscribe to it. I am willing to have my child(ren) trained in harmony with the principles set forth in it. I recognize the school's right to dismiss any student who does not respect its spiritual standards or cooperate in the educational process.

Parent Signature

Date

Financial Information Form**Registration Fee Paid:** ☐ Yes ☐ No**Amount:** _____**Parent/Guardian Information****Father:** _____
(Last Name) (First Name) (Phone Number)**Address:** _____
(Number/Street Name) (Unit #) (City) (Postal Code)**Mother:** _____
(Last Name) (First Name) (Phone Number)**Address:** _____
(Number/Street Name) (Unit #) (City) (Postal Code)**Legal Guardian:** _____
(Last Name) (First Name) (Phone Number)**Address:** _____
(Last Name) (Unit #) (City) (Postal Code)**Student Information**

Last Name

First Name

Grade

1. _____

2. _____

3. _____

Financial Responsibility Declaration and Guarantee

I/We, the undersigned, declare and guarantee:

- a) that I/we will be jointly and severally responsible for all the costs incurred at Grandview Adventist Academy in connection with the account for the student(s) named in the Student Information Section, **as well as any previous balance outstanding**
- b) that I/we understand that **if the payment plan is not fulfilled, the student's registration may be cancelled at any time during the school year**
- c) that I/we understand that **any unpaid balance remaining after 60 days will be subject to the Academy's collection policy, which may involve contacting a collection agency**

Print Name: _____
(Last Name) (First Name) SIN or DOB**Print Name:** _____
(Last Name) (First Name) SIN or DOB

(Father/Guarantor Signature)

(Mother/Guarantor Signature)

(Date)

Church Confirmation

This is to confirm that Mr./Mrs./Ms. _____

Father/Mother/Both/Legal Guardian of the child(ren) mentioned above, is a **regular** member of

_____ Seventh-Day Adventist Church.

(Church Name)

Signature: _____ **Date:** _____

(Pastor/Church Clerk)

Print name: _____

INTERNET ACCEPTABLE USE POLICY

Grandview Adventist Academy

I PURPOSE

The purpose of this policy is to set forth policies and guidelines for the use of Grandview Adventist Academy (GAA) computers and acceptable use and access of the Internet.

II GENERAL STATEMENT OF POLICY

In making decisions regarding student access to GAA computers and to the Internet, the school considers its own stated educational mission, goals, and objectives. Electronic information research skills are now fundamental to preparation of citizens and future employees. Access to the school computer system and the Internet enables students to explore thousands of libraries, databases, Web sites, and other resources while exchanging messages with people around the world. The GAA board expects that faculty will blend thoughtful use of the school computer system and the Internet throughout the curriculum and will provide guidance and instruction to students in their use.

III. LIMITED EDUCATIONAL USE.

GAA is providing students and employees with access to the school's computer, which includes Internet access. The purpose of the system is not merely to provide students and employees with general access to the Internet. The computers have a limited educational purpose, which includes use of the system for classroom activities, professional and career development, and limited high quality, self-discovery activities. Users are expected to use Internet access through the system to further educational and personal goals consistent with the mission and policy of GAA. Uses that might be acceptable on a user's personal system may not be acceptable on this limited purpose network.

IV. USE OF SYSTEM AS A PRIVILEGE

The use of the school system and access to use of the Internet is a privilege, not a right. Unacceptable use of the GAA computers or Internet may result in one or more of the following consequences: suspension or cancellation of use of access privileges, payment for damages and repairs, discipline under other GAA policies, including suspension, expulsion, or civil or liability under other applicable local provincial or federal laws.

V. UNACCEPTABLE USES

The following uses (but not limited) of the GAA computer system and Internet use are considered unacceptable.

- A.
 1. Users will not use GAA system to access, review, upload, download, store, print, post, or distribute pornographic, obscene or sexually explicit material.
 2. Users will not use GAA system to transmit or receive obscene, abusive, profane, lewd, vulgar, rude, inflammatory, threatening, disrespectful, or sexually explicit language.
 3. Users will not use GAA system to access, review, upload, download, store, print, post, or distribute materials that use language or images that are inappropriate to the educational setting or disruptive to the educational process and will not post information or materials that could cause damage or danger of disruption.
 4. Users will not use GAA system to access, review, upload, download, store, print, post, or distribute materials that use language or images that advocate violence or discrimination toward other people (hate literature) or that may constitute harassment or discrimination.
 5. Users will not use GAA system to knowingly or recklessly post false or defamatory information about a person or organization, or to harass another person, or to engage in personal attacks including prejudicial or discriminatory attacks.
 6. Users will not use GAA system to engage in any illegal act or violate any local, provincial or federal law.
 7. Users will not use GAA system to vandalize, damage or disable the property of another person or organization, will not make deliberate attempts to degrade or disrupt equipment, software or system performance by spreading computer viruses or by any other means, will not tamper with, modify or change the GAA system software, hardware or wiring or take any action to violate the school's computer security, and will not use the GAA system in such a way as to disrupt the use of the system by other users.

8. Users will not use GAA system to gain unauthorized access to information resources or to access another person's materials, information or files without the implied or direct permission of that person.
9. Users will not use GAA system to post private information about another person or to post personal contact information about themselves or other persons including, but not limited to, addresses, telephone numbers, school addresses, work addresses, identification numbers, account numbers, access codes, and will not repost a message that was sent to the user privately without the permission of the person who sent it.
10. Users will not use GAA system to violate copyright laws, or usage licensing agreements, or otherwise use another person's property without the person's prior approval, including downloading or exchanging of pirated software or copying software to or from any school computer, and will not plagiarize works they find on the Internet.
11. Users will not use GAA system to purchase goods or services for personal use without authorization from the appropriate school personnel.

If a user inadvertently accesses unacceptable materials or an unacceptable Internet site, the user shall immediately disclose the inadvertent access to appropriate school personnel. This disclosure may serve as a defence against an allegation that the user has intentionally violated this policy.

VI. CONSISTENCY WITH OTHER SCHOOL POLICIES

Uses of GAA computer system and use of the Internet shall be consistent with school policies and the mission of GAA.

VII. LIMITED EXPECTATION OF PRIVACY

By authorizing use of the GAA system, the school does not relinquish control over materials on the system contained in files on the system. Users should expect only limited privacy in the contents of personal files on the GAA system. Routine maintenance and monitoring may lead to a discovery that a user has violated this policy, another school policy, or the law. Parents have the right at any time to investigate or review the contents of their child's files.

VIII. INTERNET USE AGREEMENT

1. The proper use of the Internet, and the educational value to be gained from proper Internet use is the joint responsibility of students, parents and staff of GAA.
2. This policy requires the permission of and supervision by the school's designated professional staff before a student may use or access the Internet.
3. The Internet Use Agreement Form must be signed by the student and the parent/guardian. The Form must then be filed at the school office.

IX. LIMITATION ON GAA LIABILITY

Use of GAA system is at the user's own risk. The system is provided on an as is, as available basis. GAA will not be responsible for any damage users may suffer, including, but not limited to, loss damage or unavailability of data stored on diskettes, tapes, hard drives, or for delays or disruptions of service, regardless of the cause. GAA will not be responsible for financial obligations arising through unauthorized use of GAA system or the Internet.

X. PARENT RESPONSIBILITY

Outside of school, parents bear responsibility for the same guidance of Internet use as they exercise with information sources such as television, telephones, radio, movies, and other possibly offensive media. Parents are responsible for monitoring their student's use of GAA system and of the Internet if the student is accessing the school's system from home or a remote location.

XI. POLICY REVIEW

Upon being implemented the school administration may develop revised or new and appropriate guidelines and procedures deemed necessary for the benefit of students and staff. Upon board approval these modifications shall be added as an addendum to this policy. Because of the rapid changes in the development of the Internet, the school board shall receive an annual review of this policy.

Parent/Student Agreement Form for Access to Internet

Students and parents have read Grandview Adventist Academy's electronic communication system policy and administrative regulations. All agree to abide by their provisions. Student(s) understand that violation of these provisions may result in limitation or suspension of GAA system access.

In consideration for the privilege of using this system and access to the Internet, parents hereby release Grandview Adventist Academy, its operators, and any institution with which it is affiliated from any claims and damages arising from my child(ren's) use of, or inability to use, the system, including, without limitations, the type of damages identified in the school's policy and administrative regulations.

We (I) _____ (print parent name(s)) give permission for the child(ren) listed below, to participate in Grandview Adventist Academy's system access to the internet, and certify that the information contained on this form is correct.

Student Signature(s) 1. _____
2. _____
3. _____
4. _____

Parent(s)/Guardian(s) Signature _____

I understand that this consent is valid for one year and may be withdrawn by me at any time with written notice. If you have any questions or concerns, please contact your school principal.

Please retain the policy for your records and return this page to the office.

GRANDVIEW ADVENTIST ACADEMY
PARENT AGREEMENT FOR PUBLICATION OF PERSONAL INFORMATION
AND IMAGE AND/OR VIDEO OR VOICE RECORDINGS (including Media)

Student Name(s): _____ Gr.: ____ Student Name(s): _____ Gr.: ____

Student Name(s): _____ Gr.: ____ Student Name(s): _____ Gr.: ____

Student Name(s): _____ Gr.: ____ Student Name(s): _____ Gr.: ____

We like to share our good news stories. From time to time, school and/or classroom activities such as student projects, achievements, activities, plays, athletics and presentations are photographed or recorded by school staff. Sharing these photographs and recordings is a wonderful way to celebrate and remember these activities, and to showcase our good news stories.

- These recordings/photographs may be published in school newsletters, on the school website and social media including Twitter, Facebook, and YouTube without identifying individual students. **Individual students will only be photographed and identified with appropriate consents.**
- When the media, such as newspapers, television and radio, are invited to the school for the purpose of reporting on newsworthy events or activities, their reports may include non-identifying photos of groups of students.
- In addition, I waive all claims to compensation or damages based on the use of his/her photo and/or video or voice recordings by the school. I also waive any right to inspect or approve the finished child's photo and/or video or voice recordings. I agree that all such portraits, pictures, photographs, video and audio recordings, digital files, works, and any reproductions thereof shall remain the property of the school, unless otherwise noted.
- Parents/Guardians must be aware that when students participate in extra-curricular or non-compulsory activities off school grounds, the school principal is unable to control or prevent any media exposure which may occur.

- ☐ **Yes, I consent** to the use of my child(ren)'s photo and/or video or voice recordings on the school website and social media sites and/or shared with other students/families; and for my child to be photographed or interviewed by the media as outlined above.
- ☐ **No, I do not consent** to the use of my child(ren)'s photo and/or video or voice recordings as outlined above.

Use of Student Information for Specific School-Related Purposes

Specific data from the student information system and/or student registration form may be used by the school and/or provided to volunteers or families to administer specific school-related programs and services. Only the minimum information required in order to provide services will be provided. Examples of this would include: sending home a class list containing your child's first name and last initial with other students in the class (e.g. birthday, Valentine's Day cards).

- ☐ **Yes, I give permission** for my child(ren)'s information to be used for the specific school-related purposes identified above.
- ☐ **No, I do not give permission** for my child(ren)'s information to be used for the specific school-related purposes identified above.

I hereby give the above permissions and release Grandview Adventist Academy from any liability resulting from or connected with publication of such work and information.

Parent/Guardian Signature: _____ Date: _____

GRANDVIEW ADVENTIST ACADEMY DRESS CODE

Regular Uniforms – to be worn Monday to Thursday

- Polo Shirt - light blue for boys and girls (*Must be purchased from school)
Please note - light blue blouses/shirts from our previous uniform may **no longer** be worn.
- Sweater - navy blue button-up cardigan for boys and girls (*Must be purchased from school)
- Pants/Shorts - navy blue khaki style, similar to Old Navy or Children's Place uniform pants (*With arms down at the sides, short length must be at fingertips or longer.) **White socks are to be worn with shorts.**
- Skorts - navy blue khaki style, similar to Old Navy or Children's Place uniform skorts. **White socks or tights are to be worn.** Skorts are allowed for **grades 3-8 girls only.** (*Fingertip rule applies for length)
- Shoes – **fully closed** non-marking dress shoes (**no indoor boots**) or **fully closed** non-marking running shoes of their choice

*All uniform items must be well-laundered and shoes must be clean.

Gala/Dress Uniform - to be worn at special events only (i.e., concerts, Campmeeting, etc.) Parents must purchase a plain white shirt or blouse, without pockets, and bring it to the school for embroidering.

Girls: Navy dress skirt (fingertip rule applies)

Plain/full black shoes (heels no more than 1 ½ inches)

White socks

White blouse with embroidered crest

Boys: Navy dress pants

Plain/full black shoes

Navy or black socks

White shirt with embroidered crest

GAA DRESS CODE POLICY

Overall Expectations

The wearing of the school uniform is a privilege and an honour. In return for this privilege, students are expected to seek modesty in their attire, reflecting the ideals and values of the school, and God. The use of jewelry, body piercing, tattoos and physical accessories are outward expressions of inner attitudes and intentions. As outward expressions of inner purposes, they have an effect on the environment in which they are used.

A condition of a student's admission or re-admission to Grandview is his/her willingness to wear the uniform orderly, carefully, and modestly while on campus. For a repeated violation, students may be sent home and/or asked to withdraw. Students must conform to the Dress Code Expectations throughout the school day and for all school activities. Parents may not excuse their child from compliance with the Grandview Uniform Policies.

Detailed Dress-Code Expectations

All students will comply with these expectations throughout the school day, including before school, the lunch hour and at the end of the school day.

- All shirts, blouses or sweaters must be Grandview uniform wear. Only the top two buttons may be undone on buttoned garments. A pure white undergarment or T-shirt may be worn under tops.
- All undergarments must be tucked in, with no layers showing.
- Pants, shirts and shorts must be worn so that no skin is visible at the waist.
- Belts of a neutral colour (blue, black) may be worn. Belt buckles are to be of a normal size, nothing too large and with questionable images or slogans.
- Pant length may not be altered to a Capri length.
- Students may wear closed toed dress shoes or closed toe running shoes of their choice. Sandals, thongs, flip flops, crocs, slippers etc., are not permitted at any time during the school day.
- Boots may be worn only outside according to weather conditions.
- No hats or hoods may be worn in the school at any time. Coats, jackets and/or hats are to be kept in your locker throughout the day.
- School uniforms will be worn for school outings including field trips.
- Tints or dyes used for hair colour must be consistent with natural colour.

Casual/Thematic Dress Days

On occasion, Grandview will have a Casual Dress Day and a Thematic Dress Day. These special days are a privilege and not a right. To maintain their privilege, students will choose attire that reflects a desire to be respectful of self, others and God, as becoming of a Christian. The following expectations will be in place for Casual and Thematic Dress Days:

- Attire that is revealing or embarrassing to others is not permissible. Tops that are tight or form fitting are not permitted. Students are expected to exercise discretion in clothing selection.
- Necklines must be modest and not low cut.
- Pants, shirts and shorts must be worn so that no skin is visible at the waist.
- The clothing may not display logos that depict alcohol, drugs, or tobacco, or may not contain sexually explicit or suggestive images or text.
- Hats are not permitted as a component of Casual Dress Day attire.
- Pants (dress, khakis, jeans, corduroys) that are neat and clean with no holes or patches are permitted. Pants cannot be torn or frayed.
- Baggy pants (pants that ride low on the hips or have a low crotch) are not permitted.
- Pajamas, flannel/sleepwear are not permitted.
- Cut-offs are not permitted.
- Yoga pants are not permitted.
- Tank tops, strapless tops, halter tops, and immodest shorts and sheer clothing are not permitted.
- Sandals, thongs, crocs, slippers, etc., are not permitted at any time during the school day.

Personal Adornments

- Cosmetics (make-up): Should students decide to wear make-up or nail polish while on campus and at all school-related activities, the make-up must be skin toned and the nail polish must be clear or natural.
- Hair: The school reserves the right to refuse a student admission to class if that student's hairstyle is regarded as unacceptable. Hair should be neat and well groomed at all times. Boys are not to have hair braided or in pony tails. Head scarves, head ties or wave caps are not to be worn on the school premises or for any school related functions. Any student seen wearing these items on campus or at any school related activities may have them permanently confiscated. Should a student dye his/her hair, the hair should be a natural colour.

In addition to the items listed above, it is at the discretion of the administration to decide what personal adornment is acceptable.

Uniform Infractions

Infractions will be considered defiance and will be processed accordingly. Items contrary to the uniform policy that are confiscated before December 1 will be returned to the owner, upon request, on the day before Christmas Holidays. Items confiscated after December 1 will be returned to the owner, upon request, at the end of the school year in June.

Students with infractions will be given the following options:

- Change into clothing that complies with the dress-code policy;
- Borrow from a friend;
- Phone home to obtain proper clothing; or
- If there is no option that is satisfactory, an in-school suspension will be imposed for the remainder of the day.

For the 2nd infraction, students can expect the following actions:

- Re-reading of Uniform Expectations;
- Re-commitment to compliance of Uniform Expectations;
- A permanent record filed;
- A phone call home; and/or
- In-house suspension (completing missed work).

For the 3rd infraction, students can expect the following actions:

- Re-reading of Uniform Expectations;
- A one-day suspension from Grandview.

For repeated violation, students will be suspended and/or asked to withdraw.

Friday Casual Dress Day

Casual Dress Day (no uniform) is a privilege and not a right. To earn and maintain their privilege, students are expected to refrain from wearing clothes NOT in harmony with our standard of modesty.

Parents may not excuse students from compliance with uniform policies.

*****Please label all your child(ren)'s clothing.*****

RE: VACCINES NEEDED FOR SCHOOL ENTRY

Dear Parent/Guardian:

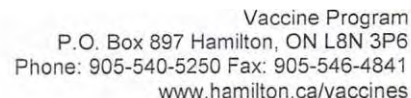
By law, Public Health Units need a complete vaccine record or an exemption for diphtheria, pertussis, tetanus, poliomyelitis, measles, mumps, rubella, varicella and meningococcal diseases.

1. Please complete the enclosed Vaccine History form.
 - Complete the top section of the form.
 - Record dates and vaccines or attach a copy of your child's vaccine record.
 - If you do not have your child's vaccine record, please get a copy from your family doctor.

Note: Doctors do not give us vaccine records.
2. Submit the form **before** school starts.
 - Do not give the form to the school.
 - Please return the information to Hamilton Public Health by one of the following:
Mail: Hamilton Public Health Services, Vaccine Program
P.O. Box 897, Hamilton, ON L8N 3P6
Fax: 905-546-4841
Phone: 905-540-5250
In person: Hamilton Public Health Services, 110 King Street West, 2nd Floor
Online: www.hamilton.ca/reportingvaccines (no form is needed)
3. If needed, get missing vaccines from your family doctor or walk-in clinic and report the vaccinations to public health.
 - If you do not have a health card, call 905-540-5250 to book an appointment to get vaccines at one of our Community Clinics.
4. **Continue to notify Public Health after every vaccine that is given while your child attends school.**

Complete a legal form and education class if you have strong beliefs against getting vaccines or there is a medical reason a vaccine cannot be given. The legal forms and conditions are posted under Vaccines and the Law at www.hamilton.ca/vaccines.

Note: Your child may be suspended from school if public health does not have the complete vaccine record or a legal exemption.



IMPORTANT INSTRUCTIONS

Mail: Vaccine Program, P.O. Box 897, Hamilton, ON, L8N 3P6
Phone: 905-540-5250 (Monday to Friday 8:30 a.m. - 4:30 p.m.)
Fax: 905-546-4841
In person: Hamilton Public Health Services, 110 King Street West, 2nd Floor
Online: www.hamilton.ca/reportingvaccines (no form needed)

DO NOT GIVE THIS INFORMATION TO THE SCHOOL

Student's Family/Last Name			Student's First Name(s)			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other			
Has there been a change in the child's family/last name?				<input type="checkbox"/> No <input type="checkbox"/> Yes		If Yes, other Family/Last Name			
Date of Birth				School					
year		month		day					

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Other		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other	
Parent/Guardian Family/Last Name if different than above		Parent/Guardian First Name(s)	
Address		City	Postal Code
Home Phone ()	Work Phone ()	Language	Country of Origin
Family Doctor and Telephone Number			

Write your child's vaccination dates and check ✓ the vaccines given or attach a copy of the record.

Year	Month	Day	D = Diphtheria	T = Tetanus	aP = Pertussis	P= Polio is given by needle or by mouth	Hib = Haemophilus b	Pneumococal	Rot = Rotavirus	Men-C-C = Meningococcal C	M = Measles	M = Mumps	R = Rubella	Var = Varicella	MMRV = Measles, mumps, rubella, varicella	Vaccines given in Grade 7 in Ontario			Other:	
						IPV = needle										OPV = mouth	HB = Hepatitis B	Men-C-ACWY = Meningococcal ACYW		HPV = Human Papillomavirus
Parent or Guardian Signature:													Date:							

PUBLICLY FUNDED IMMUNIZATION ROUTINE SCHEDULE FOR ONTARIO – December 2016

Age	Vaccine	DTaP-IPV-Hib	Pneu-C-13	Rot-1	Men-C-C	MMR	Var	MMR-V	Tdap-IPV	Men-C-ACYW135	HB	HPV	Tdap	Td	Flu	Pneu-P-23	HZ
2 months		✓	✓	✓													
4 months		✓	✓	✓													
6 months		✓															
12 months (after 1 st birthday)			✓		✓	✓											
15 months							✓										
18 months		✓															
4-6 years								✓	✓								
Grade 7										✓	✓ 2 doses	✓ *2 or 3 doses					
14-16 years													✓				
24-26 yrs													✓				
Every 10 years														✓			
Every Year															✓		
65 yrs																✓	✓

* 2 doses of HPV vaccine are given to healthy students who are under 15 years of age when they start the series. All other students receive 3 doses.

EXEMPTIONS

Parents who choose not to vaccinate must complete a legal statement. This form must be notarized and an education session must be completed at Hamilton Public Health. There are some children who cannot get a vaccine for medical reasons. A doctor can fill out a medical exemption for them. These forms must be brought to Public Health Services. You can call 905-540-5250 to request the forms or get them from www.hamilton.ca/vaccines > Vaccines and the Law.

COLLECTION AND USE OF PERSONAL HEALTH INFORMATION

We are allowed by law to collect what you write on this form.

- Health Protection and Promotion Act
- Personal Health Information Protection Act
- Immunization of School Pupils Act

The information will be used for

- the vaccine program
- vaccination records
- outbreak management
- program evaluation
- statistics and research

If you have questions about the collection of your information, contact:

Vaccine Program Manager
Hamilton Public Health Services
110 King Street West 2nd Floor
Hamilton ON L8P 4S6
905-540-5250

Visit www.hamilton.ca/phsprivacy to learn more.

Please complete this form and return to Public Health Services Vaccine Program

- Keep a copy of this vaccine record for future use (e.g. entry to summer camp, college/university, volunteer work).
- You may have completed a vaccine history form for a child care centre. You must complete a new form for school.
- Students who have not provided their vaccine records or a signed exemption form may be suspended from school.
- Family doctors do not provide vaccine records to Public Health Services.

If you have any questions, please call Vaccine Program Records at 905-540-5250.

Sincerely,



Julie Prieto RN, BScN
Manager, Vaccine Program