

# HERITAGE ACADEMY

207 BAYSWATER AVENUE  
OTTAWA, ONTARIO. K1Y 2G5  
[www.heritage-academy.com](http://www.heritage-academy.com)



2026-2027

## ENROLLMENT APPLICATION

Inspiring Minds  
Igniting Potential  
Creating Leaders  
since 1989

## STUDENT INFORMATION

Student's First Name	Middle	Last
Home Address Number and Street		Apartment
City	Province	Postal Code
Date of Birth	Gender	Present Grade
Name and Address of Previous School		
Learning Exceptionalities		
Student has an I.E.P.	Last Assessment Date	Assessor
Medical Conditions	Allergies	Anaphylaxis
Student Requires Epi-Pen	Students Requires Inhaler	Students Requires Glasses
Medications	Health Card Number	Expiry
Physical Conditions and Restrictions		Family Physician

## PARENTAL INFORMATION

Parent #1 First Name	Last	Mother/Father/Guardian/Other
Home Address Number and Street		Apartment
City	Province	Postal Code
Employment/Job Position		Telephone (Home)
Email		Telephone (Work)
Parent #2 First Name	Last	Mother/Father/Guardian/Other
Home Address Number and Street		Apartment
City	Province	Postal Code
Employment/Job Position		Telephone (Home)
Email		Telephone (Work)

## MAINTAINING A SAFE SCHOOL AGREEMENT

### Maintaining a Safe School Agreement

We, the undersigned, acknowledge that we have reviewed and understand the behavior expectations set forth by Heritage Academy. By signing this contract, we commit to upholding these standards and contributing to a positive and respectful learning environment for all students and staff.

#### Heritage Academy Behavior Expectations:

- Treat all individuals with respect, kindness, and empathy.
- Follow all school policies, rules, and guidelines.
- Engage in positive and appropriate communication.
- Attend classes, in uniform, and activities punctually and regularly.
- Refrain from any form of bullying, harassment, or discrimination.
- Maintain a clean and safe learning environment.
- Refrain from using inappropriate language or engaging in disrespectful behavior.
- Behave properly by doing the best work possible at all times.
- Follow the directions of the teachers and school officials.
- Use proper language without profanity at all times.
- Avoid any behaviour that disrupts the learning in any class.
- Avoid damaging school property or equipment.
- Arrive at school on time and be ready to learn.
- Show respect for themselves and others.
- Keep the school environment safe.
- Follow the rules and procedures indicated in the Student Handbook.

#### Student Commitment:

I, \_\_\_\_\_ commit to abiding by the behavior expectations outlined above. I understand that my actions impact the school community and am dedicated to contributing positively to the learning environment. I acknowledge that violations of these behavior expectations may result in consequences as outlined by the school's policies.

#### Parent/Guardian Commitment:

I, \_\_\_\_\_ as the parent/guardian of support and reinforce the behavior expectations set by Heritage Academy. I will communicate with my child about the importance of adhering to these expectations and will collaborate with the school to address any concerns related to behavior.

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Signature: Student:

Date:

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Signature: Parent/Guardian:

Date:

Please return this signed behavior contract to the school office by the 1st day of your child's attendance. Your commitment to these behavior expectations is greatly appreciated and contributes to the overall well-being of our school community.

## MEDIA RELEASE FORM

During the academic year, **Heritage Academy** may wish to capture and share photographs or videos of students for school-related purposes. These images may appear on **school bulletin boards, the official Heritage Academy website, social media channels, printed materials, or in educational publications and local media releases.**

Any photographs or videos used will feature students engaged in **positive, school-approved activities** such as learning experiences, academic projects, performances, athletics, and community events.

Heritage Academy is proud to celebrate the accomplishments and participation of our students, who have often been recognized locally and nationally for their achievements and initiatives.

**I/We consent** to the use of my child's image in all Heritage Academy media and publications (including print, online, video, and social media). These materials may feature my child participating in classroom or school-related activities.

**I/We do NOT consent** to the use of my child's image in any Heritage Academy media or publications (including print, online, video, and social media), **with the exception of school yearbook photos and classroom displays** used for internal educational purposes only.

Parent/Guardian Signature

Date

## **SCHOOL OUTING AND EMERGENCY TRANSPORTATION**

### **School Outings and Field Trips**

A number of outings and activities are planned each year to complement the school's academic program. Students will usually have specific activities or work as a result of an outing.

In addition, a number of scheduled activities, which are part of the school program, take place away from the school site.

Some components of the Physical Education and Sports program are conducted outside. Recess breaks are usually taken outside the school buildings.

### **Special Outings**

Parliament Buildings, Theatres/Arts Centers, Museums, Picnic Grounds and Local Parks, Municipal pools, Universities/Colleges, Restaurants, Shopping Centers, Water Parks, Fishing, Biodome, Food Bank Farms. Outings may also include visits to special events or other activities determined by the teacher and principal.

### **Transport of Students**

The students and staff travel to and from the above locations by chartered bus, public transit or by foot.

In exceptional circumstances or emergency situations, where it is not possible to communicate with a parent, it may be necessary for a teacher to transport a student in his/her own vehicle. In this event, the teacher's personal auto insurance will cover the student as a passenger.

By signing this consent form I am agreeing to the following statement:

While my child is out on a school field trip I understand that regular injuries can occur.

I consent to the staff member on duty administering first aid to my child should they need it.

If this were to happen, I understand that the staff member on duty will contact reception as well as the legal guardian listed below/who has signed the permission form in order to notify of the nature of said injury and whatever recommended next steps (first aid administered is sufficient, early pick up, hospital visit, ambulance.)

By signing this consent form I understand that if there are specific field trips that my child is not able to attend, the expectation is that the student will stay home from school that day.

## **Standing Permission Form**

I, hereby give my child \_\_\_\_\_, grade \_\_\_\_\_ permission to participate in these outings.

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Parent's or Legal Guardian's Signature

Date

### **Emergency Transportation Waiver**

Students are advised that they must report to the supervising staff in an emergency or if they are injured. When required, school authorities will give first aid.

If the school is unable to reach the child's parents or emergency contacts and the situation warrants an ambulance, one will be called.

Parents will be responsible for the ambulance expense. In the parents' absence, a school official will accompany the student from the school if he/she must be transported by ambulance.

I, hereby understand the above waiver and grant the school permission to transport my child to the hospital.

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Parent's or Legal Guardian's Signature

Date

### **Emergency Contact Information**

If parents are unavailable, please contact:

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## MEDICATION AUTHORIZATION FORM

### Handling Of Prescribed Medication For Students

This form applies only when parents/guardians/caregivers request the involvement of the school in handling prescribed medication for students with non-life-threatening conditions.

- All medication must be brought to school by the parent/guardian in the container in which the prescribing physician or licensed pharmacist dispensed it. The medication container must be labelled with the appropriate dosage and time.
- Medication must not be brought to school by the child.
- Parents must complete a medication dispensation form provided by the receptionist upon drop-off of medication.

#### Student Information

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Grade: \_\_\_\_\_

#### Parent(s)/Guardian(s)

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

#### Emergency Contacts (Please list in order of priority)

Name	Relationship	Daytime Phone	Alternate Phone	Email

#### Prescribing Healthcare Provider Information

Full Name: \_\_\_\_\_

Organization: \_\_\_\_\_

- Doctor
- Nurse Practitioner
- Registered Nurse
- Pharmacist
- Other. Please specify: \_\_\_\_\_

I/We authorize: The health care provider(s) listed herein to share health information about the student with school staff as required to ensure the accuracy of the information contained in this form and to provide information as required to ensure the safety and well-being of the student.

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Parent's or Legal Guardian's Name

Signature

Date

### **Medication Information**

Name of Medication: \_\_\_\_\_ Date of Prescription: \_\_\_\_\_

Dosage of Medication: \_\_\_\_\_ Prescriber: \_\_\_\_\_

Time of Administration: \_\_\_\_\_

Special instructions for Administration:

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Caution of Notable Side Effects:

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Duration of Medication Regime: \_\_\_\_\_

This medication may be administered during school hours or school-related activities only when REQUIRED by the healthcare professional(s) listed herein.

Please include all special instructions, prescription labels, or notes pertaining to each medication.

We acknowledge that it is our responsibility to submit sufficient medication and medical supplies to the school and to track the expiration dates.

Is the medication prescribed on an "as needed" basis?

Yes - If Yes, please complete the following:

The clear, specific and observable symptoms/behaviours that requires the administration of medication:

The level of intensity: \_\_\_\_\_

The length of time the symptoms/behaviours are observed prior to the administration of medication: \_\_\_\_\_

How many times in a 24 hour period the PRN can be administered: \_\_\_\_\_

PLEASE NOTE THAT staff will obtain verbal consent from the parent/guardian or a designated person with authority prior to each administration, as staff are not in a position to conduct a medical assessment. Where consent cannot be obtained, the principal/designate will administer the medication.

**Parent(s)/Guardian(s)/Caregiver(s) Authorizations to Handle Prescribed Medication**

- I/We authorize the HA staff to administer the medication to the student as prescribed.
- I/We understand that the administration of medication involves certain elements of risk, including, but not limited to illness, adverse reactions or other complications.
- I/We understand that HA staff are not medically trained to administer medication and bear sole responsibility for any adverse reaction or associated risks that might occur following the administration of medication.

**The HA staff to supervise the student administration of medication**

- I/We understand that the administration of medication involves certain elements of risk, including, but not limited to illness, adverse reactions or other complications.
- I/We understand that HA staff are not medically trained to supervise the administration of medication and bear sole responsibility for any adverse reaction or associated risks that might occur following the administration of medication.
- The HA staff is to store the medication as required below.

Storage Instructions:

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The HA staff to share this form as necessary with individuals in direct contact with the student to attend to their well-being and medical needs at school and during school activities. This may include school and office staff, occasional staff, and before and after-school program staff.

### **Authorization and Consent**

I confirm that the information herein is accurate and up to date.

I understand that I must re-submit this form in case of any changes to the student's medication, condition, level of independence, or treatment plan.

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Parent's or Legal Guardian's Name

Signature

Date

*The personal information of this form is collected under the authority of the Education Act (RSO. 1990 c.E.2) and in accordance with the Municipal Freedom of Information and Protection of Privacy Act (RSO. 1990 c.M56), as amended. It will be used to establish the Ontario Student Record [OSR] and for student and education related purposes such as registration, administration, communication, collection of fees, data reporting, and Student Transportation Services. In addition, the information may be used or disclosed to comply with legislation, for compelling circumstances affecting health and safety or discipline, as required in circumstances related to allow enforcement matters, and with third parties in accordance with established service agreements or in accordance with any other Act. Questions or concerns should be directed to the school principal.*