



SCHOOL ACKNOWLEDGMENT FORM 2024-2025

Immaculate Heart of Mary School

650 Flora Avenue Winnipeg Manitoba R2W 2S5

Phone: 204-582-5698 or 204-589-2709

Email: ihms@ihms.mb.ca

PLEASE COMPLETE FORM AND

RETURN TO SCHOOL BY

WED. SEPTEMBER 4 2024

STUDENT INFORMATION

STUDENT NAME _____ GRADE _____ BIRTHDATE - YY/MM/DD _____

I have notified the school office of any changes to contact information / custody arrangements / doctors information etc.

*** If not please inform the School Office of any updates by September 4, 2024.

PLEASE INDICATE ALL HEALTH CARE NEEDS -

NO Health Care Needs

asthma anaphylaxis allergy(ies) *If applicable, a separate medical form will need to be filled out.*

other (mental, cognitive, physical etc.), please specify: _____

School age children are routinely vaccinated to help keep them healthy and protected from disease. Please ensure your child is up to date with their immunization. If you are not sure if your child is up-to-date on immunizations, you can call 204-940-2099 and ask to have your child's records checked or visit <https://www.gov.mb.ca/health/publichealth/cdc/div/docs/schedule.pdf>

IHM SCHOOL PROCEDURES

I have read the 'IHMS Student Handbook & Code of Behaviour', and the 'Back Lane Safety at IHMS' brochure and discussed this information with my child. We agree to comply with, and support, the school policies and procedures.

Signature of Student

Signature of Parent / Guardian

STUDENT TRANSPORTATION ARRANGEMENTS

For the safety of the students, parents are required to indicate their child's usual way of going home from school (ex. bus, car pool, walking) and with whom (if applicable). On those days when a child is to go home in a way other than the usual, a written note from the parent informing the homeroom teacher of the change should be presented the day of the change, and for each such change.

With whom will your child usually go home from school with: _____

Mode of transportation: _____

RELEASE OF INFORMATION

_____ Yes, I give Immaculate Heart of Mary School permission to release my phone number / e-mail address to members of the Immaculate Heart of Mary School Parents' Guild in relation to school activities.

_____ No, I do not wish my telephone number / e-mail address released.

Signature of Parent / Guardian

Date

MEDIA COVERAGE RELEASE

On occasion, the school is approached by local newspapers or television stations to take pictures, write articles or make video tapes of newsworthy events or celebrations at the school. At times the staff produces special performances or educational materials to promote the work of our students to the public. In this regard, we feel that positive public communication for the school is important.

Yes, I give Immaculate Heart of Mary School permission to release my child's work or picture (please choose those that apply):

___ to the media ___ for use on the school website ___ for use on the school Facebook Page ___ class room use only

No, I do not wish my child's work or picture be released (please choose those that apply):

___ to the media ___ for use on the school website ___ for use on the school Facebook Page

Signature of Parent / Guardian

Date