



Ottawa Adventist School

2200 Benjamin Avenue, Ottawa, Ontario K2A 1P5
Telephone (613) 722-3770 Fax (613) 722-3767

Christian Education An Adventist Essential



Consent Form			School Year
School Field Trips			
STUDENT INFORMATION			
Family Name	Given Name	Middle Name	
Home Address			
City	Province	Postal Code	Home Phone No.
<p>I hereby give permission for my child, to participate in the schools off campus field trips. These include, trips to the library, skating, museums, swimming, and other educational or seasonal programs the staff deem to be advantageous. I understand that such trips will be preceded by a note to parent(s) and / or guardian(s).</p>			
Parent's or Guardian's Full Name — Printed		Signature	Date: (mm/dd/yyyy)

Consent Form			School Year
Permission to Use Photos			
STUDENT INFORMATION			
Family Name	Given Name	Middle Name	
Home Address			
City	Province	Postal Code	Home Phone No.
<p>I hereby give permission for the Ottawa Adventist School and the Ontario Conference of Seventh-day Adventist, Office of Education, to use photos or video footage of my child in newsletters and other promotional material.</p>			
Parent's or Guardian's Full Name — Printed		Signature	Date: (mm/dd/yyyy)