

Student Name:

Student Information Form

Today's Date:

DOWNLOAD AND SAVE THIS FORM BEFORE YOU FILL IN THE FIELDS!

Please send completed form: spellboundtoronto@gmail.com

COURSE NAME:	Start Date:
DOB:	Age:
School:	Grade:
Parent Name:	Parent Name:
Contact Info:(cell# & email address)	Contact Info:(cell# & email address)
Home Address:	
BACKGROUND INFORMATION: Does your child currently receive Resource/H	ISD Support at ashaol? Vas/No
Since what year? How many minutes a week	
Is your child on an IEP or been to IPRC? If ye	
Academic Strengths and Needs (to do with L	ITERACY):
Is your child on any medication that we sh	nould be aware of?
Additional information - French Immersion	n, OT/PT/SLP etc. (please add extra page if needed):



Spellbound Education **SMALL GROUP INSTRUCTION AGREEMENTS**Armaity Homavazir

Please read and sign:

Devices: The optimal device for online lessons are laptops that can have the screen move up and down. If you use a Chromebook, please make sure it is configured for ZOOM so that your child can have control of the screen, use JAMBOARD and other interactive games.

Participation and Behaviour:

All courses will be offered online. Participation in group discussion is encouraged. Polite, respectful behaviour towards everyone in the class is required. Video cameras must be on at all times – no exceptions. Poor or rude behaviour of any kind will not be tolerated.

Devices: All phones and other devices will be put away during the lesson.

Homework:

There will be short follow up assignments after each lesson to consolidate ideas and material. Parents will support students to submit work by the given deadlines - either by email or through google docs - so that we can monitor student progress and adjust the course accordingly.

Late Policy and Missed Classes:

Late students will be admitted into the session; with the lesson ending at its regular time. For missed classes, please contact us directly to obtain make-up material and assignments.

Agreement:

I have read the above sections and will review them with my child before the classes begin.

Student Name:	Date:
Parent Name:	Parent Signature:

Please send completed form to: spellboundtoronto@gmail.com