



YORK CATHOLIC DISTRICT SCHOOL BOARD
Elementary Student Application
From J.K. to Grade 8

School: _____

PRINT CLEARLY

Note: Legal name must be as shown on legal document (i.e. birth certificate, passport, etc.) & will appear on all school Official Records (i.e. Report Cards/Transcripts)

OFFICE USE ONLY

Student ID:	School Code:
Start Date:	Teacher:
OSR Requested <input type="checkbox"/>	OSR Received <input type="checkbox"/>
Bus Route:	
Posted to Maplewood by:	Date:
<input type="checkbox"/> STUDENT ADMISSION APPROVED BY: _____	
DATE: _____	Principal/Designate

LEGAL LAST NAME	LEGAL FIRST NAME	LEGAL MIDDLE NAME	GRADE
PREFERRED FIRST NAME	OEN (ONTARIO EDUCATION NUMBER)	BIRTHDATE (M/D/Y)	FEMALE <input type="checkbox"/> MALE <input type="checkbox"/>
Home Address: _____ <small>House # Street Apt./Unit # City Province Postal Code</small>			
Residence Telephone #: _____			
Mailing Address if different from above			
Municipality Aurora <input type="checkbox"/> Newmarket <input type="checkbox"/> East Gwillimbury <input type="checkbox"/> Richmond Hill <input type="checkbox"/> Georgina <input type="checkbox"/> Vaughan <input type="checkbox"/> King <input type="checkbox"/> Whitchurch-Stouffville <input type="checkbox"/> Markham <input type="checkbox"/> Other <input type="checkbox"/> _____		Proof of Residency – 2 required One document from each category: Property Tax Bill <input type="checkbox"/> Driver's License <input type="checkbox"/> Proof of Purchase <input type="checkbox"/> Utility Bill <input type="checkbox"/> Lease/Rental Agreement <input type="checkbox"/> Bank Statement <input type="checkbox"/> If Other, please specify _____	
Note: If you reside outside York Region or outside the boundaries of this school, you must complete a TCH-19 form at the school for approval by the Principal and/or Superintendent.		OFFICE USE - RECEIVE & INITIAL	
Is your tax support designated to the Catholic School Board? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide proof of Catholic School Support (i.e. Property Assessment Notice or Letter from MPAC) If no, complete an Application for Direction of School Support Form and/or School Support Lease (encl.)		Proof provided <input type="checkbox"/> Forms completed <input type="checkbox"/>	
Occupancy Type Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Boarder <input type="checkbox"/> Occupancy Date Is this a temporary residence? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, specify the occupancy date of your permanent residence _____			
Previous school attended _____ Telephone # _____ Address _____ Last Day attended _____ Name of previous School Board _____ at previous school M/D/Y			
Please indicate whether this student in this school is the Only <input type="checkbox"/> Eldest <input type="checkbox"/> Youngest <input type="checkbox"/> Has the student ever attended a school in Ontario Yes <input type="checkbox"/> No <input type="checkbox"/>			
Does a sibling attend this school? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, _____ <small>LAST & FIRST NAME OF THE STUDENT</small>		Does a sibling attend another School Board? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, _____ <small>NAME OF SCHOOL BOARD</small>	
IF Student is Roman Catholic , Original Baptismal certificate must be received (Copy must be filed in OSR) Baptism: _____ M/D/Y Communion: _____ M/D/Y Confirmation: _____ M/D/Y		Yes <input type="checkbox"/> No <input type="checkbox"/>	
IF Student is not Roman Catholic , TCH-15 form must be completed at the school for approval - with Letter of Intent from the church for the RCIA/RCIC (Rite of Christian Initiative for Adults/Children) program or - if one Parent/Guardian is Roman Catholic (must present original Roman Catholic Certificate of the Parent/Guardian) Specify who is Roman Catholic: Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/>		TCH-15 Yes <input type="checkbox"/> TCH-15 Yes <input type="checkbox"/>	
Is the student Orthodox ? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, complete a TCH-15 form at the school with original Orthodox Baptismal Certificate of the student for approval			
Aboriginal Status			
Please indicate if the student is of Aboriginal Descent Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, indicate First Nation <input type="checkbox"/> Inuit <input type="checkbox"/> Metis <input type="checkbox"/>			

STUDENT INFORMATION

PARENT / GUARDIAN

First Parent/Guardian Mr. / Mrs. / Ms. (please circle one)

Name: _____

Last Name First Name

<p>For emergency purposes, please indicate if this is contact #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/></p> <p>Relationship to Student</p> <p style="text-align: center;">Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/></p>	<p>Proof of legal guardianship and/or documentation is required for any of the following:</p> <p style="text-align: center;">Foster Mother <input type="checkbox"/> Grandmother <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Father <input type="checkbox"/> Grandfather <input type="checkbox"/> Group Home <input type="checkbox"/></p>
--	--

Citizenship: Canadian Citizen Landed Immigrant Non-Landed Refugee Work/Study Permit Diplomat Status

Employer Telephone # _____ Ext.# _____ Cell # _____

Pager # _____ Email Address _____

↓ PLEASE COMPLETE ONLY IF ADDRESS & PHONE NUMBER ARE DIFFERENT FROM STUDENT ↓

Address _____ Apt./Unit # _____ City/Town _____

Province _____ Postal Code _____ Telephone # _____

Second Parent/Guardian Mr. / Mrs. / Ms. (please circle one)

Name: _____

Last Name First Name

<p>For emergency purposes, please indicate If this is contact #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/></p> <p>Relationship to Student</p> <p style="text-align: center;">Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/></p>	<p>Proof of legal guardianship and/or documentation is required for any of the following:</p> <p style="text-align: center;">Foster Mother <input type="checkbox"/> Grandmother <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Father <input type="checkbox"/> Grandfather <input type="checkbox"/> Group Home <input type="checkbox"/></p>
--	--

Citizenship: Canadian Citizen Landed Immigrant Non-Landed Refugee Work/Study Permit Diplomat Status

Employer Telephone # _____ Ext. # _____ Cell # _____

Pager # _____ Email Address _____

↓ PLEASE COMPLETE ONLY IF ADDRESS & PHONE NUMBER ARE DIFFERENT FROM STUDENT ↓

Address _____ Apt./Unit # _____ City/Town _____

Province _____ Postal Code _____ Telephone # _____

Third Parent/Guardian Mr. / Mrs. / Ms. (please circle one)

Name: _____

Last Name First Name

<p>For emergency purposes, please indicate If this is contact #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/></p> <p>Relationship to Student</p> <p style="text-align: center;">Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/></p>	<p>Proof of legal guardianship and/or documentation is required for any of the following:</p> <p style="text-align: center;">Foster Mother <input type="checkbox"/> Grandmother <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Father <input type="checkbox"/> Grandfather <input type="checkbox"/> Group Home <input type="checkbox"/></p>
--	--

Citizenship: Canadian Citizen Landed Immigrant Non-Landed Refugee Work/Study Permit Diplomat Status

Employer Telephone # _____ Ext.# _____ Cell # _____

Pager # _____ Email Address _____

↓ PLEASE COMPLETE ONLY IF ADDRESS & PHONE NUMBER ARE DIFFERENT FROM STUDENT ↓

Address _____ Apt./Unit # _____ City/Town _____

Province _____ Postal Code _____ Telephone # _____

CUSTODY INFORMATION

Are parents Separated? Yes No Divorced? Yes No If yes, who has legal custody? _____

With whom does the student reside? _____ Are there any special arrangements pertaining to access visitation? Yes No

If yes, what are the arrangements? _____ Provide copy of custody order

Is the student a Ward of Children's Aid Society? Yes No If yes, please provide CAS letter

Name of Social Worker, If applicable _____ Telephone # _____

HOME LANGUAGE

TO BEST SERVE THE STUDENT, WE ASK THAT YOU CAREFULLY READ THIS SECTION AND COMPLETE IT AS ACCURATELY AS POSSIBLE.

The language the student FIRST learned to speak _____

PRIMARY Language which student is most fluent _____

Primary HOME Language spoken in student's home _____

The main language spoken to the student by adults in the home _____

The main language spoken by the student at home _____

The main language spoken by adults at home _____

ADDITIONAL INFORMATION

Has the student resided outside of Canada since the date of the first time entry? Yes No

If yes, please indicate Date of Re-entry into Canada if absent for a period of more than one year from the first time entry date (**does not apply to those students who were born in Canada**) _____ M/D/Y

Country of residence prior to most **recent entry** into Canada _____ Country

Has the student ever been away from school for any period of time? Yes No

If yes, indicate the date from : _____ date to: _____ M/D/Y M/D/Y

Please indicate reason for school interruption: _____

Note: If new to Canada, we ask that you please provide the school with a copy of the student's most recent Report Card

TO BEST SERVE STUDENTS WITH SPECIAL NEEDS, PLEASE COMPLETE THE FOLLOWING:

In previous board attended, was the student involved in special education programs and/or services Yes No

If special education services were provided in another school board, please sign the appropriate consent form S7 which is available at the school office.

Does the student have **SEA** computer/laptop equipment? Yes No

If yes, please contact the Assistive Technology and Resource Centre, (905) 713-1211 x 11635 to plan for the student's needs accordingly.

If this is the first time you are registering to attend school in Ontario, please indicate if there are special needs Yes No

If yes, please contact the Catholic Education Centre, Student Service Department, Coordinator of Special Programs at 905-713-1211 ext. 11622 to plan for the student's needs accordingly.

Has the student ever been expelled from another school? Yes No If yes, was the student re-admitted Yes No

Is the student currently under suspension from school? Yes No How many times was the student suspended _____



Confirmation of Pupil's Legal Status

STUDENT INFORMATION

(Please print clearly and copy information from legal document)

LEGAL LAST NAME	LEGAL FIRST NAME	LEGAL MIDDLE NAME	DATE OF BIRTH (M/D/Y)
-----------------	------------------	-------------------	-----------------------

CITIZENSHIP (Proof must be provided):

Canadian Citizen <input type="checkbox"/>	Landed Immigrant <input type="checkbox"/>	Non-Landed <input type="checkbox"/>	Foreign Student on Visa <input type="checkbox"/>
Refugee <input type="checkbox"/>	Work/Study Permit <input type="checkbox"/>	Diplomat Status <input type="checkbox"/>	No Documents Available <input type="checkbox"/>

Please check appropriate box

OFFICE USE

STUDENT BORN IN CANADA:	Province of Birth:	Birth Certificate: <input type="checkbox"/>	Statement of Live Birth: <input type="checkbox"/>	Other: <input type="checkbox"/>	Copy of Documents Retained Yes <input type="checkbox"/>
-------------------------	--------------------	---	---	---------------------------------	--

Please check appropriate box for legal documents, indicate Date of First Entry into Canada next to relevant Immigration Status.

STUDENT BORN OUTSIDE OF CANADA:	COUNTRY OF BIRTH: _____				
LEGAL DOCUMENTS	* DATE OF FIRST ENTRY WITHIN THE LAST 4 YEARS (PROOF OF ENTRY REQUIRED) MUST COMPLETE TCH-15 FOR APPROVAL			** DATE OF FIRST ENTRY PRIOR TO 4 YEARS (PROOF OF ENTRY AND TCH-15 NOT REQUIRED)	
	Date (M/D/Y)	Receive Documents TCH-15 & Initial	Date (M/D/Y)	Copy of documentation retained	
<input type="checkbox"/> Confirmation of Permanent Residence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>
<input type="checkbox"/> Permanent Resident Card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>
<input type="checkbox"/> Consideration of Eligibility (Convention Refugee)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>
<input type="checkbox"/> Parent's Study Permit (presented with Letter from University/College)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>
<input type="checkbox"/> Parent's Work Permit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>
<input type="checkbox"/> Foreign Passport (Used in conjunction with another Immigration document)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>
<input type="checkbox"/> Canadian Passport (Proof of Date of First Entry into Canada required)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>
<input type="checkbox"/> Canadian Citizenship Card (Proof of Date of First Entry into Canada required)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>
<input type="checkbox"/> International Visa Student: Foreign Passport & Study Permit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>
<input type="checkbox"/> Other (Please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>

*** I certify that the information contained HEREIN is accurate and that I have examined the applicable documentation as indicated

Parent/Guardian Name: _____
Signature: _____
Date: _____

Board/School Official Name: _____
Position: _____
Signature: _____
Date: _____

This form must be retained for Ministry audit purposes. It is recommended that this form be filed in the pupil's Ontario Student Record folder.

Personal information contained on this form is collected pursuant to the *Education act* and the *Municipal Freedom of Information and Protection of Privacy Act*. Questions about the collection and use of this personal information should be directed to the Privacy Manager, York Catholic District School Board, 320 Bloomington Rd. W., Aurora, Ontario L4G 0M1 or (905) 713-2711.

*From **QUALIFYING Countries of Birth**: all countries except Australia, Great Britain, Ireland, New Zealand and USA

Includes **Visa students and students from **NON-QUALIFYING Countries of Birth** (Date of Entry into Canada must be entered but proof of entry date is not required)

***Certification mandatory **only** if TCH15 is required; if TCH15 is not required, no information is required for this section

EMERGENCY PROCEDURES AND CONSENT FORM

School Year: _____

IMPORTANT – PLEASE READ

To ensure a safe environment for all students, we ask that the parent/guardian fully complete and sign the Emergency Procedures & Consent Form. If the student does not have allergies or a medical condition, we ask that you please complete all the sections on this form except for the Medical Information section; sign where indicated and return to the school.

STUDENT'S LAST NAME	STUDENT'S FIRST NAME	BIRTHDATE (M/D/Y)	GRADE

Home Address _____ Apt./Unit # _____ City/Town _____
Home Number / Street Name

Municipality _____ Postal Code _____ Residence Telephone # _____

If student does not reside with Both Parents, indicate student:
 residing with Mother Father Other If Other, please indicate relationship: _____

Is there a Custody Order/Visitation Access/Special Arrangements? Yes No If yes, ensure information is filled out on Page 3

EMERGENCY CONTACT # 1 (Usually Parent/Guardian)

Name _____ Employer Telephone # _____
Last Name First Name Ext.: _____

Home Telephone # _____ Cell # _____

Relationship to the Student _____ Pager # _____

EMERGENCY CONTACT # 2 (Usually Parent/Guardian)

Name: _____ Employer Telephone # _____
Last Name First Name Ext.: _____

Home Telephone # _____ Cell # _____

Relationship to the Student _____ Pager # _____

EMERGENCY CONTACT # 3

Name: _____ Employer Telephone # _____
Last Name First Name Ext.: _____

Home Telephone # _____ Cell # _____

Relationship to the Student _____ Pager # _____

EMERGENCY CONTACT # 4

Name: _____ Employer Telephone # _____
Last Name First Name Ext.: _____

Home Telephone # _____ Cell # _____

Relationship to the Student _____ Pager # _____

EMERGENCY PROCEDURES AND CONSENT FORM

CAREGIVER or DAYCARE CENTRE

Caregiver/Daycare information is **important**. If completed, this information will be used for transportation purposes.

If the student goes to a Caregiver or Daycare Centre Before and/or After school indicate: Before School After School

Name of Caregiver _____ Telephone # _____
Contact during the day

Address _____ Municipality _____ Postal Code _____

Name of Daycare Centre _____ Telephone # _____
Contact during the day

Address _____ Municipality _____ Postal Code _____

MEDICAL INFORMATION

Note: The Principal may share this information with designated school personnel.

On January 1, 2006, Sabrina's Law, 2005 came into force to protect students with severe allergic reactions (anaphylaxis). Our Board finalized our policy to meet the needs of this new legislation.

If the student has a dangerous life-threatening allergy(ies), including environmental allergy(ies), please specify below and complete form S15 and/or S15(a) which are available at the school office. If the allergy(ies) are not life-threatening, also specify below:

ALLERGY(IES)	Mild	Moderate	Severe	Life-Threatening

If the student has asthma or any other serious medical condition such as epilepsy, hemophilia, diabetes or reaction to drugs which could be a complication factor please note this below, and complete form S16 and/or S16(a) which are available at the school office.

MEDICAL CONDITIONS	Medication

Note: Please indicate if you have completed Form S15/S15(a) Yes No Form S16/S16(a) Yes No

Note: If your child is anaphylactic, school must have an EPI pen and your child is required to carry an EPI pen at all times.

As in all cases of emergency, our school will call 911 and contact the parent/guardian. In the event that neither a parent, nor the emergency contact person can be reached, I authorize the Principal or his/her designate to transport my son/daughter to the nearest medical facility by ambulance if deemed necessary.

Parent/Guardian Signature: _____ Date _____

M/D/Y



Annual Parental Consent re Freedom of Information

This consent form meets the requirements of the *Municipal Freedom of Information and Protection of Privacy Act* and the *Education Act* for the disclosure of personal information. It provides for consent that is both informed and voluntary, and relates to clearly identified information to be used and disclosed for clearly defined purposes.

This form must be returned to the school by September 30th.

<p>1. School Work with Name My child's school work, with name*, be displayed in YCDSB school buildings, which includes the Catholic Education Centre (Board Office).</p>	<input type="checkbox"/> I give consent	<input type="checkbox"/> I do not give consent
<p>2. School Website & Publications Print & Electronic My child's photograph and/or name* be published in school publications print and on school website and Twitter. (e.g. newsletters, school activities, functions and celebrations, etc.)</p>	<input type="checkbox"/> I give consent	<input type="checkbox"/> I do not give consent
<p>3. York Catholic District School Board Print & Electronic My child's photograph with full name be published in board publications electronic and print format. (e.g. YCDSB Website, Twitter, YouTube, Board brochures, etc.)</p>	<input type="checkbox"/> I give consent	<input type="checkbox"/> I do not give consent
<p>4. Yearbooks My child's photograph/image and full name be published in the traditional yearbook. <i>Note:</i> some schools, may use an outside agency to produce the yearbook and/or DVD, using a secure website. The yearbook is not published on any website.</p>	<input type="checkbox"/> I give consent	<input type="checkbox"/> I do not give consent
<p>5. Media My child's school work, full name and/or image be given to the media or requested by the media, for coverage of school activities; promoting education, school programs or student achievement (i.e. print, broadcast or electronic media and interview requests).</p>	<input type="checkbox"/> I give consent	<input type="checkbox"/> I do not give consent
<p>6. School Council My child's full name and grade, in the form of a class list be given to the Catholic School Council of the school, for school based activities such as Hot Lunch Programs, etc.</p>	<input type="checkbox"/> I give consent	<input type="checkbox"/> I do not give consent
<p>7. Parish My child's full name, school and grade, be given to the local Parish for the purposes of planning for the Sacraments i.e. Communion, Reconciliation and Confirmation.</p>	<input type="checkbox"/> I give consent	<input type="checkbox"/> I do not give consent

*Please note:

Elementary Students – First name and last initial will be used, *unless otherwise stated above.*

Secondary Students - Full name will be used.

Student Name:	Teacher/Home Room Name:	Gr:
<i>Please Print</i>		
Parent/Guardian/Student Signature (if student is 18 yrs or older):		Date:

York Catholic District School Board – Annual Parental Consent FOI form –

Freedom Of Information	What your consent means...
Section #1: <u>School Work with Name</u>	<i>This</i> will allow your child’s school work (poems, letters, art, etc) to be displayed in schools and the Catholic Education Centre (Board Office); Please note that your child’s work can be displayed within their home school, e.g. classroom, hallways etc.
Section #2: <u>School Website & Publications – Print & Electronic</u>	<i>This</i> will allow photographs and/or name of your child to be published in print and on the school twitter account, and school website.
Section #3: <u>York Catholic District School Board – Print & Electronic</u>	<i>This</i> will allow pictures and/or name of your child to be published in print and on the Board’s website and twitter account.
Section #4: <u>Yearbooks</u>	<i>This</i> will allow the school to use your child’s photograph and name in the traditional yearbook, which may also include a DVD. Most schools are now using an external agency to produce the yearbook. These agencies use a secure website.
Section #5: <u>Media</u>	<i>This</i> will allow your child’s school work, name and/or photograph to be given to the media (print and electronic, which may include their website) for coverage of school activities, promoting school programs or student achievement. Note: <i>parents will be notified of any media coverage and we will ensure parental consent is received prior to media interviewing students.</i>
Section #6: <u>School Council</u>	<i>This</i> will allow your child’s name and grade to be given to your school’s parent council for school based activities which would include, pizza lunch lists, milk program lists, fundraising activities etc.
Section #7: <u>Parish</u>	<i>This</i> will allow the school to give the local parish your child’s information for the purposes of preparation and planning for the Sacraments. For example: when children are preparing for their First Holy Communion it may be necessary for the school to provide the parish with a copy of baptismal certificates.

Further please note the following:

Schools will continue to keep parents informed of all school activities throughout the year. Notification will be sent home by way of newsletters, classroom letters etc. as well as postings on the school websites.

Social Media: At the York Catholic District School Board we caution parents and staff that when taking pictures of students in school or on field trips that those pictures are not to be posted on any social networking sites.

If you have any questions or concerns please contact Cheryl Kennedy, Privacy Manager at the York Catholic District School Board, 905-713-1211 ext 13848.



Updated December 2016

Emails from the York Catholic District School Board and its schools regarding Commercial Electronic Messages



Canada's new Anti-Spam Legislation (CASL) took effect on July 1st, 2014. The new law prohibits the sending of any type of electronic message that is commercial in nature unless the recipient has provided consent first.

As a result, the York Catholic District School Board and its schools require the permission of its parents / guardians in order to receive any electronic messages which contain a commercial element.

Commercial Electronic Messages include:

- School newsletters
- All fundraising (hot lunch, pizza day, school fairs/BBQs)
- Field Trips
- Year Books
- Spirit Wear
- Student Photos, etc.

All parents/guardians can consent to receive commercial electronic messages/emails from the York Catholic District School Board and their child's school by going to <http://www.ycdsb.ca/casl>



Your consent is required one time only. A separate submission must be made for each parent / guardian's email address.

Please go to: <http://www.ycdsb.ca/casl> and enter the same email address which was provided on the School Emergency Form.

Should you choose not to receive emails of a commercial nature, please know that you will continue to receive general school information, attendance and emergency emails.

For more information about Canada's New Anti-Spam Legislation visit: fightspam.gc.ca

If you have any questions/concerns, please contact the school office.