



Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM / DD / YYYY

# WAIVER: To Leave the Academy

PLEASE PRINT

#	Name(s) of Child/ren			Current Grade	
	First Name	Middle Name	Last Name		
1				Grade 8 <input type="checkbox"/>	
2				JK <input type="checkbox"/>	SK <input type="checkbox"/>
				Grade 1 <input type="checkbox"/>	Grade 2 <input type="checkbox"/>
				Grade 3 <input type="checkbox"/>	Grade 4 <input type="checkbox"/>
				Grade 5 <input type="checkbox"/>	Grade 6 <input type="checkbox"/>
				Grade 7 <input type="checkbox"/>	Grade 8 <input type="checkbox"/>

This waiver gives permission for my child/ren: to leave the IIT Academy premises at the end of the school day

Unsupervised

Under the supervision of (PRINT NAME): \_\_\_\_\_  
First Name Last Name

**IIT will not be held accountable for any mishaps after dismissal.**

Name of Parent (PRINT NAME): \_\_\_\_\_  
First Name Last Name

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM / DD / YYYY

1630 Neilson Road, Scarborough ON M1X 1S3  
E-mail: [secretary@iitacademy.ca](mailto:secretary@iitacademy.ca)  
Tel: (416) 335-9173 Fax: (416) 335-9208