

Classroom Information Form Required Fields ( in yellow)

CIF Update

Update School Information

School Board/District/Division

Toronto District School Board

School Unit/Suite Number

School Street Number

246

School Province/State/County

ON

Postal/Zip Code

M5A4J6

Full School Name

Market Lane Junior and Senior Public School

School Street Name

The Esplanade

School City

Toronto

School Country

CA

School Phone

(416) 393-1300

Principal First Name

not sure

Principal Last Name

not sure...

Principal Email Address

principal@notsure.com

Did you meet with your teacher/principal prior to starting?

No

School Information

Please select

Special Program Classification

Please select

School Information

Please select

Please select

Public

Private

Charter

First Nations

Special Program Classification

Please select

Please select

Francophone

French Immersion

Religious School

Indigenous-On Reserve

High Indigenous Population

Date of First Family Visit

## CIF Update

### Update Program Information

Start Date

dd/---/yyyy



Date of First Family Visit

dd/---/yyyy



Teacher's First Name

Teacher's Last Name

Teacher's Email

ROE Curriculum Level \*

Junior



Are you delivering the program as:

Part of your Employment



If Part of Employment, which of the following applies:

Other



## CIF Update

Are you delivering the program as:

Part of your Employment



If Part of Employment, which of the following applies:

Other



Split Grade

Please select



What Language is this program delivered in?

English



If your Kindergarten class is split between JK and SK, please choose "No"

Please enter the number of students inside the box.

Kindergarten

Grade 1

Grade 2

Grade 3

Grade 4

Grade 5

Grade 6

Grade 7

Grade 8

Total

## Update Parent Information

Parent's First Name

Parent's Last Name

Parent Address

Unit/Suite

City

Province

Parent Country

Postal/Zip Code

**It is mandatory to provide at least one of these phone numbers for the parent.**

**For extensions, use a "/" and then type in the number.**

Home Phone (999 999 9999 or 09999 999 999)

Cell (999 999 9999 or 09999 999 999)

Work (999 999 9999 or 09999 999 999)

Parent Email

Baby First Name

Baby Last Name

Baby Date of Birth

Did you meet with your Roots of Empathy family prior to starting the program?

Has the Roots of Empathy volunteer family previously been a part of the Roots of Empathy program or organization? (If Yes, click all that apply)

Baby Date of Birth

Did you meet with your Roots of Empathy family prior to starting the program?

Has the Roots of Empathy volunteer family previously been a part of the Roots of Empathy program or organization? (If Yes, click all that apply)

- ☐ Classroom Teacher/School Staff
- ☐ Roots of Empathy Instructor
- ☐ Program Co-ordinator/KPP
- ☐ Previous Roots of Empathy volunteer family
- ☐ A student in a Roots of Empathy Classroom
- ☐ Other

Update ↗