



Student Enrolment Form

Enrolling School Name _____

Student Information

Gender: _____

Legal Last Name: _____

Legal First Name: _____

Usual Last Name: _____

Preferred First Name: _____

Legal Middle Name(s): _____ None

Date of Birth: _____
Day / Month / Year

Proof of Age Provided, for File: _____
(Document Name)

Home Phone: _____

Student E-mail: _____

Property Address

Street: _____

Apt.#: _____ Postal Code: _____

City/Municipality: _____

Proof of Address Provided: _____
(Document Name)

Mailing Address

Same as Property Address: Yes No

If Not, Mailing Address: _____

Admission Information

Enrolment Date: _____ Grade: _____

Previous School/Program

First Time Entry French Immersion Montessori

District Program Strong Start

Transfer Fine Arts

Previous School/District

Previous City/Province: _____

Previous District: _____

Previous School: _____

Previous School Phone Number: _____

Citizenship

Country of Birth: _____

Citizenship: _____

Refugee

Entry Date into Canada: _____

Visa Status: _____ Expiry: _____

Copy to be Placed in File:

Work Permit Expiry: _____

Study Permit Expiry: _____

Aboriginal Ancestry

Is your child of Aboriginal Ancestry? Yes No

If yes, then select:

Status Off Reserve Métis Inuit

Status On Reserve Non-Status Other: _____

Band of Residence: _____

DIA #: _____

Parent/Guardian Contact #1

Relationship to Child: _____

Last Name: _____

First Name: _____

Living with Student? Different address from Student:

Address (if different): _____

Home Phone #: _____ Cell Phone #: _____

Place of Employment: _____

Work Phone #: _____ Available at Work

E-mail Address: _____

Parent/Guardian Contact #2

Relationship to Child: _____

Last Name: _____

First Name: _____

Living with Student? Different address from Student:

Address (if different): _____

Home Phone #: _____ Cell Phone #: _____

Place of Employment: _____

Work Phone #: _____ Available at Work

E-mail Address: _____

If parents/guardians do not wish to receive email notifications from the school, please notify the school in writing.

Custody Information

Is there a Court Order in effect? Yes No

If yes: Parental Ministry

If Ministry: Continuing Custody Order Temporary Custody Order Voluntary Custody Order

If there are any custody arrangements for this student, legal documentation must be filed with the school.

Family Alert

Description of Family Alert(s): _____

Siblings (Include siblings who are attending a different school)

Last Name:	1. _____	2. _____	3. _____	4. _____
First Name:	_____	_____	_____	_____
Relationship:	_____	_____	_____	_____
Birth Date:	_____	_____	_____	_____
School:	_____	_____	_____	_____

Emergency Contacts

Note: Parents should contact all emergency contacts listed below to ensure that they know they are being listed as an emergency contact.

Emergency Contact #1

Relationship to Child: _____

Last Name: _____

First Name: _____

Address: _____

Home Phone #: _____ Cell Phone #: _____

Work Place: _____

Work Phone #: _____

Permission to pick up student: Yes No

Emergency Contact #2

Relationship to Child: _____

Last Name: _____

First Name: _____

Address: _____

Home Phone #: _____ Cell Phone #: _____

Work Place: _____

Work Phone #: _____

Permission to pick up student: Yes No

Medical Information

Doctor: _____ Phone #: _____ BC Services Card #: _____

Allergies: _____ Life Threatening

Other Health Factors: _____ Life Threatening

Is this child currently on medication: Yes No If yes, describe: _____

Alternate Contacts

Note: Alternate Contacts are individuals/organizations who will be picking the student up from school or dropping the student off at school. This may include daycare, babysitters or other care providers.

Pick Up Drop Off

Address: _____

Contact Name: _____

Contact Phone #: _____

Pick Up Drop Off

Address: _____

Contact Name: _____

Contact Phone #: _____

Other Information

Language Spoken at Home: English Other: _____

Past Assistance: Learning Assistance Vision Accommodations Hearing Accommodation
 Educational Assessment Learning Adaptations/Modification Speech/Language
 District Counsellor Inclusive Educational Plan Physical Accommodation

Additional Information: _____

The information provided by you is collected for the use of the school and public health personnel and will not be used for any other purpose without prior approval.

Initial I give my consent for the release of my name, phone number and address for school communication purposes, such as Parent Advisory Council, Safe Arrival Program and Classroom Phoning Committee, etc. (as applicable).

Initial I give my consent for the publication of my child's name, photograph and comments, for school purposes, in the school yearbook or newsletter or the school website, and on occasion, in the school district calendar, annual report or in the news media.

Initial I give my consent for my child to participate in neighbourhood, curriculum-based off school ground activities.

Parent Signature

Date

For Office Use Only

Proof of Age (1 required)

Birth Certificate

Passport

Proof of Address (1 required)

Driver's License/Auto Registration

Lease/Rental/Purchase Agreement

Gas/Hydro Bill

Proof of BC Residency (1 required)

BC Services Card

District Internet Agreement completed

Enrolment Interview completed

Copy of Custody Court Order (if applicable)

Principal/Designate

Date



SCHOOL DISTRICT NO. 73
(Kamloops - Thompson)

ÉCOLE SECONDAIRE
SOUTH KAMLOOPS SECONDARY SCHOOL

821 Munro Street
Kamloops, BC

V2C 3E9

PHONE (250)-374-1405 FAX (250)377-2250

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, Parent/Legal Guardian of,

STUDENT NAME

BIRTHDATE

hereby give _____, authorization to release information
to **South Kamloops Secondary School** to obtain all information and assessments, including personality
inventories and cognitive test battery results.

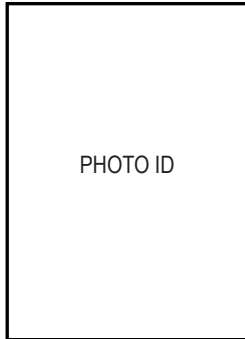
This information will be kept confidential.

I consent for the transfer of information to School District personnel. Probation officers, Doctors and
pertinent people assigned to my child may communicate any necessary information to South Kamloops
Secondary School.

Dated this _____ day of _____ 20____

Signature (Parent/Guardian)

School District No. 73 (Kamloops/Thompson)
ANAPHYLACTIC STUDENT EMERGENCY PROCEDURE PLAN



MSP#: _____

Anaphylactic Student Emergency Procedure Plan

Parent/Guardian please complete

Student's Name: _____

Date of Birth: _____ (Y/M/D)

Sex: Male Female

Parent/Guardian: _____

Daytime Phone: _____

Emergency Contact: _____

Daytime Phone: _____

Physician: _____

Physician Phone: _____

Physician please complete

Physician's Name: _____

Daytime Phone: _____ Fax: _____

Allergen: (Do not include antibiotics or other drugs)

Peanuts Nuts Dairy Other food _____

Insects Latex Other _____

Symptoms:

- Skin - hives, swelling, itching, warmth, redness, rash
- Respiratory (breathing) - wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pain/tightness, nasal congestion or hay fever-like symptoms (runny itchy nose and watery eyes, sneezing), trouble swallowing
- Gastrointestinal (stomach): nausea, pain/cramps, vomiting, diarrhea, dizzy/light headed, shock
- Other: anxiety, feeling of "impending doom", headache, uterine cramps in females

Additional symptoms: _____

Emergency Protocol

- Administer single dose, single-use auto-injector
- Call 911
- Notify Parent-Guardian
- Administer second single-dose single-use auto-injector in 10 to 15 minutes, or sooner, if symptoms do not improve or if symptoms recur
- Have ambulance transport student to hospital

Emergency Medication

NOTE: Emergency medication must be a single-dose single-use auto-injector for school setting. Oral antihistamines will not be administered by school personnel.

Name of emergency medication: Epipen

Dosage: 0.3 mg

Physician Signature

Date (Y/M/D)

Anaphylactic Student Emergency Procedure Plan

Parent/Guardian please complete

Discussed and reviewed Anaphylaxis Responsibility Checklist with principal?..... Yes No

Two single-dose single-use auto-injectors provided to schools? Yes No

Student aware of how to administer? Yes No

Auto-injector locations: _____

Your child's personal information is collected under the authority of the School Act and the Freedom of Information and Protection of Privacy Act. The Board of Education may use your child's personal information for the purposes of:

- Health, safety, treatment and protection
- Emergency care and response

If you have any questions about the collection of your child's personal information, please contact the school principal directly. By signing this form, you give your consent to the Board of Education to disclose your child's personal information to school staff and persons reasonably expected to have supervisory responsibility of school-age students and preschool age children participating in early learning programs (as outlined in the BC Anaphylactic and Child Safety Framework 2007) for the above purposes. This consent is valid and in effect until it is revoked in writing by you.

Parent/Guardian Signature

Date (Y/M/D)



SCHOOL DISTRICT NO. 73
(Kamloops - Thompson)

SCHOOL DISTRICT 73 PARENTAL CONSENT FORM

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

Name of Student _____ Grade _____

PARENTAL CONSENT - FOR USE UNTIL GRADUATION OR TRANSFER

In accordance with the **FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT**, School District 73 (Kamloops - Thompson) requires consent to use personal information for purposes unrelated to educational program.

1. There are occasions when the school would like to have contact with parents to consult them directly about school issues or meetings or to plan school related activities. To contact you for these purposes, we need consent for the disclosure of your name, home address and phone number to School District Personnel, Parent Advisory Councils, or others responsible for organizing these types of activities. Your personal information will not be disclosed to anyone for business or commercial purposes.

YES I give my consent for release of my home address and phone number for purposes consistent with the above.

NO I do not permit the release of my home address and phone number for purposes consistent with the above.

SIGNATURE OF PARENT/GUARDIAN

DATE

2. It is a tradition in our School District to allow school staff, district staff and the media to photograph or videotape individual and groups of students to commemorate events and to promote various educational, sports and cultural events taking place in the district. While photographs or videos add to the community life of our school, they are not required for educational purposes. As such, consent for the release of your child's name, photograph and comments is required. Students' names, photographs and comments may be published in the school yearbook or newsletter and, on occasion, in the School District calendar, annual report, or in the news media.

YES I give my consent for the publication of my child's name, photograph and comments for purposes consistent with the above

NO I do not permit the publication of my child's name, photograph, and comments for purposes consistent with the above.

SIGNATURE OF PARENT/GUARDIAN

DATE



SCHOOL DISTRICT No. 73 (KAMLOOPS - THOMPSON)

**TECHNOLOGY: STUDENT ACCEPTABLE USE
STUDENT USE & CONSENT FORM – SECONDARY SCHOOLS**

1. STUDENT USE OF DISTRICT TECHNOLOGY RESOURCES

I understand and will abide by the “*Expectations for Students using District Technology Resources*”. I will use resources responsibly, respect the rights of others and will not use these systems for unethical or illegal activities. I further understand that any violation of the regulations is unethical and may constitute a criminal offence. Should I commit any violations, my access privileges may be revoked, school disciplinary action may be taken, and possible legal action may be taken. I understand that this document will remain in my school file for the school year.

Student’s Name: _____

Date: _____

Student’s Signature: _____

Student ID# _____

School: _____

2. PARENT PERMISSION FORM FOR ACCESSING ELECTRONIC COMMUNICATIONS SYSTEMS

I have read the attached “*Expectations for Students using District Technology Resources*”. I understand that my son/daughter may access District technology resource systems which allow him/her to access resources, communicate with others and to publish his/her work. I also understand that filtering or blocking software which may be applied to the district technology systems is not foolproof and cannot guarantee 100% effectiveness. I grant permission for my son/daughter to access the District technology resources and to publish his/her work until the completion of Grade 12.

I grant permission

I do not grant permission

Parent/Guardian Name: _____

Address: _____

Parent/Guardian Signature: _____

Parent/Guardian e-mail address: _____

Phone: _____

Date: _____

***PARENTS HAVE THE RIGHT TO REVOKE THE ABOVE PERMISSIONS AT ANY TIME
BY CONTACTING THE SCHOOL AND COMPLETING AN UPDATED FORM***

TECHNOLOGY: STUDENT ACCEPTABLE USE

EXPECTATIONS FOR STUDENTS USING DISTRICT TECHNOLOGY RESOURCES

The following are expectations for students accessing the Internet and e-mail through the District's/Schools' networks. Students agree to the following terms and conditions.

Inappropriate material: I will inform my teacher or principal if I come across any site, material information or situations that makes me feel uneasy or uncomfortable, or that I believe may contain inappropriate material. I will not respond to a message sent to me that makes me feel uneasy or uncomfortable. I will not post, send or download inappropriate material.

Respect for other people's personal information: I will not post personal information about other people, including family members, fellow students, teachers, District employees or friends. Personal information may include information such as full names, school locations, interests, extracurricular activities, occupations, home or business addresses or phone numbers.

Posting student's own information on the Internet: I will not post my personal information anywhere, including my homepage if I have one, through the District or School Internet server. I may however, post school projects and work on the Internet as approved by my teacher. Just as I have been warned in the past about not meeting or talking to strangers, the same is true for using the Internet – I will not meet with anyone I talk to on the Internet without my parent or guardian present.

Electronic Mail: Electronic mail is an electronic messaging system which delivers messages through the Internet. Electronic mail allows any Internet user to communicate with another user or group of users through the District or School server. I understand that using e-mail will be at the discretion of the school. The students will ONLY communicate with District provided e-mail addresses.

School rules apply: As a student, I understand that all of the rules of expected conduct, appropriate language, fair and respectful comments, and responsible behaviour of a School District No. 73 student and the consequences for breaking those rules apply to my use of any District technology resource, including posting and using services on the Internet. I understand the consequences for breaking those rules may result in the limitation or withdrawal of the privilege of having access to the District or School technology systems and of having Internet access. More specifically, without limiting the above, I agree that:

- I will not do anything illegal.
- I will not breach my responsibilities as a student under the *Student Acceptable Use – Student Use of District Technology Resources Consent* when using the District's technology systems or the Internet.
- I will not break any regulations regarding student conduct established by the District or my School.
- I will use appropriate language on the Internet, and any statements of opinion that I make will be respectful, fair and not malicious.
- I will not engage in any financial transactions or cause any damage or losses to any person in using a District electronic communications system including posting and using services on the Internet.

I understand that I am personally responsible for my actions, errors and omissions in using a District electronic communications system and accessing the Internet. I further understand the consequences for failing to comply with the terms and conditions of these regulations may well exceed school disciplinary actions, and may include criminal investigations, civil suits or both.

Responsible Use of the Resources: I agree to use my time on-line effectively, in posting and using services such as browsing and downloading files. I agree to keep my password secret.

Plagiarism: I agree that I will not copy information and claim it as my own.

Copyright: In the event that I wish to copy any copyrighted work, if I do not already have legal permission to copy that work, I will ask the original author for written permission to use the graphics or any copyrighted works, including works of art, compositions, text, symbols, sayings, cartoons, excerpts, and quotations. I agree that I will give written credit for sources of information for my work.



Access to Internet-Based Resources (Web Access and Cloud Storage)

To access a School District Google Apps for Education (GAFE) account this form must be completed and returned to the school.

Student Name: _____

School: _____

Google Apps for Education (GAFE) is an Internet-based resource that utilizes web access and cloud storage. The Kamloops/Thompson School District can provide students with a district-managed Google Apps for Education account. This allows students to use a powerful collection of online collaboration and productivity tools, as well as unlimited online file storage space to be used for educational purposes.

Detailed information on the SD73 GAFE platform, including a list of educational uses, privacy, and acceptable and unacceptable use can be accessed at <http://www.sd73.bc.ca/gafe>. Each student will have their own secure login and password to access their account and receive instruction on how to appropriately use the GAFE platform in ways that protect their personal information.

To use a SD73 GAFE account, personal information will be collected by the School District under the authority of the *Freedom of Information and Protection of Privacy Act* (FIPPA). The School District is required to obtain the consent of students and their custodial parents before providing this personal information, as required by the British Columbia *School Act* and *FIPPA 27 (d) (i) (ii)*. In accordance with these *Acts*, students and custodial parents may provide consent or decline to consent (in which case the student will not be able to use GAFE), and may provide a further written response.

Using the SD73 GAFE platform involves the storing and accessing of two types of personal information:

1. Student's name, grade level, and school name - used in order to create the GAFE account;
2. Any documents or information created within or uploaded onto the SD73 GAFE platform by students. This includes, but is not limited to, projects, presentations, documents, videos, calendar entries and browser settings created by your child and/or other SD73 students (e.g., students contributing information on a shared document as they work together on a group project). Any documents or information created within or uploaded onto the SD73 GAFE platform by students may contain personal information reasonable for educational purposes (e.g. a student's name included in a writing assignment).

It is important to be aware that both types of personal information will be stored on secure Google servers located outside of Canada, and in certain circumstances, may be accessed by District IT staff or Google. <https://sites.google.com/a/gedu.sd73.bc.ca/sd73gafe/privacy/who-can-access-my-information>. While stored outside the country, information in your child's GAFE account may be subject to the laws of foreign jurisdictions. Privacy legislation requires that we inform you of this and obtain your consent to this arrangement.

The use of the Google Apps for Education service is not an educational requirement for students. Should you choose not to provide your consent, your child will not be penalized in any way and alternate activities will be provided, as appropriate.

Consent:

I understand that my (if student is signing) information or my child's (if parent is signing) information will be used for Google Apps for Education. This includes information collected by School District 73 for the purposes of creation/use of individual GAFE accounts. SD73 may also collect personal information about students that is potentially shared by other students related to the use of GAFE (ie: group projects, videos, shared calendar events, etc.).

For questions regarding the collection of personal information for use in SD73 GAFE accounts, please contact Shayne Olsen, Associate Superintendent Human Resources, 1383 9th Ave, Kamloops, BC, 250-374- 0679.

I hereby acknowledge that my child and I have read and understood the School District's Policy on the Use of Google Apps for Education.

<https://sites.google.com/a/gedu.sd73.bc.ca/sd73gafe/privacy/acceptable-use-guidelines>

This consent will be considered valid from the date at which it is signed until 12 months after the point the student named below is no longer a student within the School District, unless at any subsequent time the consent is revoked with written notice delivered to the School District.

Student Signature: _____ Date: ____ / ____ / ____

Parent / Guardian Signature: _____ Date: ____ / ____ / ____



SCHOOL DISTRICT NO. 73 (Kamloops-Thompson)

1383 - 9th Avenue, Kamloops, BC V2C 3X7 | Tel: 250-374-0679 | Fax: 250-372-1183 | www.sd73.bc.ca

Access to Student Google Applications for Education Accounts

Dear Parents/Guardians,

It is an exciting time for teaching and learning in our School District as we pursue our goal of helping all students to develop the skills to become learners, thinkers, innovators, collaborators and contributors. As we pursue our educational goals, we recognize the importance of creating 21st Century learning environments that provide tools for students that are relevant to their daily lives. To that end, we are committed to providing all students access to digital technologies that will empower their learning and better prepare students to thrive in an increasingly digital world.

As a result, Kamloops/Thompson School District 73 has been working with Google Apps for Education (GAFE) to create a digital collaboration system. GAFE is designed specifically for universities and K-12 school districts and provides access to their files, in a collaborative way, anytime and anywhere, in a secure, private and ad-free environment, with more control and protection than an individual Google/Gmail Account. GAFE is currently used by hundreds of school districts and post-secondary institutions, with tens of millions of student accounts around the world.

As a BC school district, we are subject to the *BC Freedom of Information and Protection of Privacy Act*. In order for students to use GAFE, we will need to provide Google with their names, schools and grade levels, as well as documents or information created within, or uploaded onto, the SD73 GAFE platform (see consent form for more details). In accordance with the Act, attached to this letter you will find a consent form that will permit us to disclose such information in order to give students access to this system. This letter of consent is to ask permission for your child to be granted an SD73 Google Apps for Education account for educational purposes. You may withdraw your consent in writing at any time. If you choose not to provide your consent, your child will not be penalized in any way and alternate activities will be provided as appropriate.

Once consent is obtained, your student's classroom teacher will provide further instructions on how to access the GAFE system. If you have further questions, please visit our SD73 GAFE information site at: <http://sd73.bc.ca/gafe>, or do not hesitate to contact me at the school.

Sincerely,

School Principal



SCHOOL DISTRICT NO. 73 (Kamloops-Thompson)

1383 - 9th Avenue, Kamloops, BC V2C 3X7 | Tel: 250-374-0679 | Fax: 250-372-1183 | www.sd73.bc.ca

Dear Aboriginal Parents/Guardians:

School Districts receive additional targeted funding for students who self-identify as being of Aboriginal ancestry. In School District No.73, this funding is allocated to offer Aboriginal programs and services in schools.

If your son/daughter is of Aboriginal ancestry and you would like him/her to be included in the Aboriginal programs and services, please fill out the form below. Some of the programs include: TRU field trips, academic support, girls group, career fairs and First Nations Graduation.

For further information regarding Aboriginal Education in SD73, you may contact Mike Bowden, District Principal of Aboriginal Education at 250-376-2266.

My Signature confirms that I have identified my son/daughter as being Aboriginal Ancestry and give my permission for him/her to access Aboriginal Education Programs and Services.

Student Name: _____ Grade: _____

School: South Kamloops Secondary

Parent/Guardian Name (Please print): _____

Signature: _____