Valleyview Secondary School

1950 Valleyview Dr., Kamloops, BC, V2C 4C2 Phone: (250) 372 5231 Fax: (250) 377 2248

Previous School: _____

Location: _____

Phone Number: _____ Fax Number:_____

Attention: Student Records:

I, _____, am the parent/guardian of _____ whose birthdate is _____. I have enrolled my child at Valleyview Secondary School in grade _____ and hereby approve the release of all records pertinent to my child to Valleyview Secondary School.

Please forward the file and its contents at your earliest convenience.

_____

Parent/Guardian signature

BC School Sports Information:

Has the above named student participated on a school sports team at any previous high school (grade 8-12) in British Columbia?

Yes _____ No _____

School District No. 73 (Kamloops-Thompson)

Student Enrolment Form

Enroling 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: _____

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: _____

Indigenous Ancestry

Is your child of Indigenous Ancestry? ☐ Yes ☐ No

If yes, then select:

☐ Status Off Reserve ☐ Métis ☐ Inuit
☐ Status On Reserve ☐ Non-Status ☐ Other: _____

Band of Residence: _____

ISC Registry #: _____

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 (Other than Parent/Guardian)

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

Primary Language Spoken at Home: ☐ English ☐ Other: _____

Past Assistance:

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

Additional Information: _____

_____

_____

_____

The information on this form is collected under the authority of the School Act, Sections 13 and 79. The information provided will be used for educational programs and administrative purposes, and when required may be provided to health services, social services or support services as outlined in Section 79(2) of the School Act. The information collected on this form will be protected consistent with the Freedom of Information and Protection of Privacy Act. If you have any questions about the information recorded on this form, please contact the School Administrator.

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

Re: Access to student Google Apps for Education accounts

To: 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

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. Students' 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 John Wiedrick, 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)

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 or art, compositions, text, symbols, sayings, cartoons, excerpts, and quotations. I agree that I will give written credit for sources of information for my work.

SCHOOL DISTRICT NO. 73

Notice to Parents and Students: Outside Media in Schools Secondary Schools

For School Year: _____

Student's Name: _____ _____
(Please print) Last name First name

School: _____

Media (including radio, television, newspapers, and other print and online media) are sometimes permitted or invited to come to the school or to school activities and allowed to take photos, video or conduct interviews with students, for the purpose of promoting public understanding of school programs, building public support for public education, and encouraging student achievement.

If you do <u>not</u> want your child to be involved in such activities, you need to:

- Tell your child to avoid these situations;
- Inform your child's teacher of your wishes.

Please note that school and district staff cannot control news media access, photos/videos taken by the media or others in public locations (such as field trips or off school grounds) or school events open to the public (such as sports events, student performances, School Board meetings, etc.).

☐ I acknowledge the receipt of this Notice and have no objections.

☐ I acknowledge the receipt of this Notice and **<u>do not</u>** want my child's image/name being published by outside media. I have told my child's teacher of my wishes. I request that the school district and its staff take all reasonable steps to avoid having my child's image or name collected or published by outside media when they are present in school or at school activities at the invitation of the school or school district. **I consent** to disclosure by the school district or its staff of the personal information that is necessary to give effect to this request. **I may** choose to override this Notice by giving my consent in a specific circumstance. This request applies during the current school year unless I expressly revoke it.

Date: _____

Parent's Name: _____ _____
(Please print) Last name First name

Parent/Guardian* Signature: _____

Parent/Guardian Contact Information (for contacts related to this notice)

Telephone Number: _____ Email: _____

Student: I am aware of my parent's wishes as expressed above. I understand that I am primarily responsible for the protection of my own privacy at school and at school activities and will take appropriate steps to do so.

Student Signature: _____

If you have questions about this notice or about the collection of student personal information, you may contact the school principal or the Superintendent's Office.

**This form should be signed by the parent who has the right to exercise the student's privacy protection rights, parents who have court orders describing their parental rights.*

Indigenous Education
SCHOOL DISTRICT NO. 73 (Kamloops-Thompson)
225-345 Chief Alex Thomas Way, Kamloops, BC V2H 1H1
PHONE 250-318-2294 | sd73.bc.ca

Dear Parent / Guardian:

School Districts receive additional funding for students who self-identify as being of Indigenous Ancestry for the purpose of providing Programs and Services over and above regular school services around culture, language, identity, parent and community engagement, and student success. In School District 73 (Kamloops-Thompson), this funding is allocated to offer Indigenous Programs and Services in schools.

According to our records, your child/youth has been identified as being of Indigenous Ancestry and we would like to include them in our Indigenous Programs and Services. School Districts require annual confirmation by the Ministry of Education.

If you agree to your child having the opportunity to access these services (there is no obligation) for the 2025-2026 school year, please sign the permission form below or contact the school prior to September 18, 2025. If you do not wish your child to participate, or if our information is incorrect, please let the school office know **prior to September 18, 2025.**

For further information regarding Indigenous Education in School District No.73, you may contact Mike Bowden, District Principal – Indigenous Education at 250-376-2266 or email at mbowden@sd73.bc.ca.

My signature confirms that I have identified my child/youth as being of Indigenous Ancestry and give my permission for them to access Indigenous Programs and Services.

Student Name: _____ Date: _____

School: _____

Parent/Guardian Name (Please Print): _____

Signature: _____

SCHOOL DISTRICT NO. 73 (KAMLOOPS/THOMPSON)
Personal Information Consent
SECONDARY SCHOOLS

For School Year: _____

For parents and high school students: Please complete, sign, and return to your school.*

Student's Name: (Last) _____ (First) _____
(*please print*)

School: _____

Collection, use, and sharing of student personal information

Schools and Districts are authorized to collect, use, and share student personal information that is directly related to and necessary for their educational functions. For other school or education-related purposes, parental or student consent is required.

The Board of Education of School District No. 73 (Kamloops/Thompson) is seeking your consent to collect, keep, use and share photographs, videos, images, and/or names of students in a variety of publications and on the school or District's website(s) for education related purposes, such as recognizing and encouraging student achievement, building the school community, and informing others about school and District programs and activities.

For example, student names, and/or images may be used or shared in

- school and District communications, such as newsletters, brochures, and reports in limited or public circulation;
- school and District websites, social media sites (e.g. Facebook), and online video (e.g. YouTube), with limited or public access;
- videos, CDs, and DVDs designed for educational use only.

Please check A OR B (not both)

A. _____ **I GIVE MY CONSENT** for the school or District to collect, use, and share my child's name and/or image for purposes consistent with the above. I understand that images and information posted on the internet may be stored and accessed outside of Canada.

This consent may be withdrawn at any time in writing but withdrawal of consent does not require the school or District to take any steps to withdraw from publication any previously published material. Unless withdrawn, this consent is effective immediately and lasts until September 30 of the next school year.

B. _____ **I DO NOT CONSENT** to the use and disclosure of my child's name and/or image for the above purposes for this school year.

Date: _____

Parent's Name: (Last) _____ (First) _____
(*please print*)

Parent/Guardian* Signature: _____

Parent/Guardian Contact Information (for contacts related to this notice)

Telephone No.: _____ Email: _____

For Students:

I consent to the school and District collecting, keeping, using, and sharing my image and name for educational purposes such as recognizing and encouraging student achievement, building school community, and informing others about the school and District, its programs, and activities.

Student Signature: _____

**For parents who have court orders describing their parental rights, this form should be signed by a parent who has the right to exercise the student's privacy protection rights.*

If you have questions about this consent or about the collection of student personal information, you may contact the school principal or the Superintendent's Office.