



STUDENT ENROLLMENT FORM

Enrolling School: _____

Enrollment Date: _____ Start Date: _____

STUDENT INFORMATION

Legal **FIRST** Name _____ Legal **LAST** Name _____ Legal **MIDDLE** Name _____
 Current Grade _____ Gender Male Female Date of Birth _____
Day / Month / Year
 Usual First Name _____ Usual Last Name _____ Usual Middle Name _____
 Home Language _____ Language Most Used _____ First Language _____
 BC Personal Health Number _____

PROPERTY ADDRESS

Street # & Name _____
 Apt # _____ RR #/PO Box _____ Postal Code _____
 City/Municipality _____
 Proof of Address Document _____
 Home Phone _____ Unlisted

MAILING ADDRESS

Same as Property Address

Please complete if different than Property Address

Street # & Name _____
 Apt # _____ Postal Code _____
 City _____

ADMISSION INFORMATION

Previous School/Program		
<input type="checkbox"/> First Time Entry	<input type="checkbox"/> French Immersion	<input type="checkbox"/> District Program
<input type="checkbox"/> Strong Start	<input type="checkbox"/> Montessori	<input type="checkbox"/> Transfer
<input type="checkbox"/> Fine Arts		

Previous School _____
 Previous District _____
 Previous City/Province _____
 Previous School Phone # _____

PARENT/GUARDIAN INFORMATION

Surname	_____	_____	_____
First Name	_____	_____	_____
Relationship to Student	_____	_____	_____
Custody	<input type="checkbox"/> Sole <input type="checkbox"/> Shared	<input type="checkbox"/> Sole <input type="checkbox"/> Shared	<input type="checkbox"/> Sole <input type="checkbox"/> Shared
Court Order in Effect?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parental Authority/ Guardian...	<input type="checkbox"/> Lives with Student <input type="checkbox"/> Can Pick Up Student <input type="checkbox"/> Receives Mailing <input type="checkbox"/> Has Family Portal Access <input type="checkbox"/> Receives Email <input type="checkbox"/> Receives Auto Dialer Calls	<input type="checkbox"/> Lives with Student <input type="checkbox"/> Can Pick Up Student <input type="checkbox"/> Receives Mailing <input type="checkbox"/> Has Family Portal Access <input type="checkbox"/> Receives Email <input type="checkbox"/> Receives Auto Dialer Calls	<input type="checkbox"/> Lives with Student <input type="checkbox"/> Can Pick Up Student <input type="checkbox"/> Receives Mailing <input type="checkbox"/> Has Family Portal Access <input type="checkbox"/> Receives Email <input type="checkbox"/> Receives Auto Dialer Calls
*If there are any custody arrangements with this student, legal documentation must be filed with the school			
Home Phone	_____	_____	_____
Cell Phone	_____	_____	_____
Work Phone	_____	_____	_____
Work Place	_____	_____	_____
Email Address	_____	_____	_____
Address	<input type="checkbox"/> Same as Student Address	<input type="checkbox"/> Same as Student Address	<input type="checkbox"/> Same as Student Address
Property Address (if not living with student)			
Street Address	_____	_____	_____
City	_____	_____	_____
Province	_____	_____	_____
Mailing Address (if different than property address)			
Street Address	_____	_____	_____
RR#/PO Box	_____	_____	_____
City	_____	_____	_____
Province	_____	_____	_____

EMERGENCY CONTACT INFORMATION (IF PARENTS CAN'T BE REACHED)

Emergency Contact			
Relationship			
Cell Phone			
Home Phone			
	<input type="checkbox"/> Can pick up student <input type="checkbox"/> Lives with student	<input type="checkbox"/> Can pick up student <input type="checkbox"/> Lives with student	<input type="checkbox"/> Can pick up student <input type="checkbox"/> Lives with student

SIBLING INFORMATION

Legal Last Name				
Legal First Name				
Birth Date				
Relationship				
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female

STUDENT MEDICAL ALERTS (LIFE THREATENING CONDITIONS)

Description of Condition _____ School Medical Plan Needed

Phone Number _____

Name of Physician _____

HEALTH ALERTS (NON-THREATENING MEDICAL CONDITIONS OR MEDICATIONS STUDENT MAY BE USING)

Description of Condition _____

Is child currently on medication? If yes, please describe _____

STUDENT LEGAL ALERTS (COURT ORDERS ON FILE) Yes No

Description of Court Order(s) _____

OTHER FAMILY ALERTS

Description of Family Alert(s) _____

CITIZENSHIP

Country of Birth _____ Citizenship _____ Refugee Entry Date Into Canada _____

Visa Status _____ Expiry _____ Work Permit Expiry _____ Study Permit Expiry _____

ABORIGINAL ANCESTRY

Is your child of Aboriginal Ancestry? Yes No

If yes, please select appropriate status

Metis Status On Reserve Band of Origin _____

Inuit Status Off Reserve Band of Residence _____

Non-Status Status No. _____

OTHER INFORMATION

Past Assistance: Learning Assistance Educational Assessment District Counsellor Adaptations

Modifications Individual Educational Plan Hearing Speech/Language

Physical Accommodation

Additional Information: _____

- District Internet Agreement Form Completed (see attached)
- Release of Info/Photos/Media outside of District Form Completed (see attached)
- Enrollment Interview Completed

Date _____ Signature of Principal/Designate _____

OFFICE USE ONLY

Proof of Age (1 required)	Proof of Address (1 required)	Proof of BC Residency (1 required)
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Driver's License/Auto Registration	<input type="checkbox"/> Gas/Hydro Bill
<input type="checkbox"/> Passport	<input type="checkbox"/> Lease/Rental Agreement	<input type="checkbox"/> BC Services Card/Carecard
Verified by _____	Date _____	
<small>(SD73 Employee Signature)</small>		



**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)

**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: South Kamloops Secondary 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.



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: _____
South Kamloops Secondary 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 not 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 **do not** 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.*



SCHOOL DISTRICT NO. 73 (KAMLOOPS/THOMPSON)

1383 - 9th Avenue Kamloops, B.C. V2C 3X7 - Telephone: (250) 374 0679 - Fax: (250) 372 1183

September, 2016

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,

Walt Kirschner
School Principal



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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: South Kamloops Secondary 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



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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: ____/____/____