

BROTHERS AND SISTERS (Legal Names)	Gender	Date of Birth (dd-mm-yyyy)	Grade	School

EMERGENCY CONTACTS	Relationship	Home Phone	Work Phone	Cell Phone

Daycare Contact Info: _____

Can pick up student: Yes No

MEDICAL INFORMATION: Please mark the box that applies if your child has one of the following serious medical conditions that may require emergency care during school hours – **911 will be called.**

- | | |
|---|---|
| <input type="checkbox"/> Diabetes
<input type="checkbox"/> Allergy producing anaphylactic type response needing hospitalization
<input type="checkbox"/> Adrenalin
<input type="checkbox"/> Severe asthma requiring emergency treatment | <input type="checkbox"/> Epilepsy with a history of seizures in the past two (2) years
<input type="checkbox"/> Blood clotting disorders (e.g., haemophilia that requires immediate medical care in the event of injury)
<input type="checkbox"/> Other: _____
_____ |
|---|---|

Doctor: _____ Phone: _____ Care Card Number: _____

Does your child routinely require medication during school hours? Yes No (if yes, please fill out Medication Administration Form)

The information on this form is collected under the authority of the *School Act*, Sections 13 and 97. Information provided will be used for educational program purposes and, when required, may be provided to health services, social services, or other support services as outlined in Section 79(2) of the *School Act*. Information on this form will be protected under the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection and use of this information, please contact the principal of your school.

I certify that the above information is correct and valid as of this date. I understand that the provision of false information may lead to my child no longer being able to attend the assigned school.

Parent / Legal Guardian Signature: _____

Date: _____

Notes:

Office Use Only

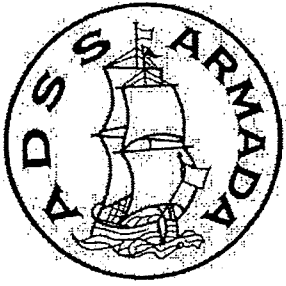
Date Received: _____ Time: _____

Copies obtained: Birth Cert Citizenship Passport Driver's Licence Status Card Other: _____

Internet Use Agreement Photo Release Medication Form Speech-Language Screening (Elem only)

MyEdBC Number: _____ Ministry PEN Number: _____

Ministry Special Ed Designation if applicable _____ Current IEP provided Yes No



Alberni District Secondary School

4000 Roger St.
Port Alberni, BC V9Y 0B1
Phone: (250) 724-3284 ext. 5
Fax: (250) 723-4073

CONSENT FOR RELEASE OF INFORMATION

Name of Student: _____

Birthdate: _____

a) I, _____, hereby authorize

(School/College)

at _____

(Address)

to release confidential information to Alberni District Secondary School, for purposes of educational planning.

b) I further authorize Alberni District Secondary School to release information to such agencies and persons as may be appropriate for purposes of educational planning.

Signature (parent/guardian)

Date

Signature(student)

Date

Student's Address: _____

Student's Telephone: _____



**AP5200: Appendix I – Request for Administration of
Physician Prescribed Medication**

School District 70 (Alberni)
4690 Roger Street Port Alberni, BC V9Y 3Z4
Telephone: 250.723.3565 Fax: 250.723.0318

School:	Teacher:	Grade:
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A To be completed by PARENT OR GUARDIAN

Student's Name:	Birthdate:	
Mother's Name:	Work Phone:	Home Phone:
Father's Name:	Work Phone:	Home Phone:
Emergency Contact:	Work Phone:	Home Phone:
Physician's Name:	Phone:	

Describe the medical condition which requires medication to be given within school hours:

B To be completed by the attending Physician

Medication Name	Dosage	Directions for use and storage

Additional comments (possible reactions, consequences of missed dose)

I consider that the above medication and administration thereof during the school day to be in the best interest of the above named pupil, and hereby authorize its administration by the school principal or his/her designate.

Physician's Signature _____ Date: _____

C To be completed by parent or guardian

I hereby authorize the school principal or his/her designate to administer the medication as described above to my son/daughter and to contact the physician named above should there be any further questions or concerns. I further authorize the physician to release any information pertinent to this matter.

Parent / Legal Guardian Signature:	Date:
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D Each school staff member who is responsible for the administration or supervision of the medication must review this information and sign below:

Date:	Signature	Comments

This form is only valid for the current school year



School District 70 (Alberni)
Student Support Services

4690 Roger Street, Port Alberni, BC V9Y 3Z4 (P) 250.723.3565 (F) 250.723.2567

CONSENT FOR SPEECH-LANGUAGE SCREENING

Dear Parent(s)/Guardian(s);

As your child is new to the school district, we would like your permission to ensure that he/she receives a screening of speech, language and phonological awareness skills. All students in the Alberni School District receive a screening of their speech, language and phonological awareness skills when they enter Kindergarten. They are then followed by the Speech-Language Pathologist, if necessary, to ensure that they receive the supports they require in helping them reach their learning potential. This will allow us to have a better understanding of your child's strengths and needs and allows him/her to access the same supports as all other students at the school.

We will first look at your child's file to check that recent screening, assessment or service was not received from a previous Speech-Language Pathologist. If we do not find anything, your child will be seen individually for approximately 15 minutes for the screening. You will then be contacted regarding the results and any possible follow-up. Your child will not be seen for further service without your consent.

I consent to have my child, _____, receive a screening of his/her speech, language and phonological awareness skills.

School:	Grade:
Date:	Date of Birth:
Parent Name:	Parent Signature:

cc: Student file
School Speech-Language Pathologist



Protection of Privacy Consent Form

School District 70 (Alberni)
4690 Roger Street Port Alberni, BC V9Y 3Z4
Telephone: 250.723.3565 Fax: 250.723.0318

To comply with the provisions of the Freedom of Information/Protection of Privacy Act, schools must have parental/guardian consent before using a child's name, photograph, in any:

	Initials
Yearbook (photo and name)	
Local newspaper articles (photo only)	
Monthly newsletter and in-school displays (photo only)	
Emergency call home list (name, address and phone)	

The intent of this requirement is to protect the privacy of children whose whereabouts/identity of the parents, guardians, may not wish known.

Please complete this form and return it to the school as soon as possible. We must have a completed form for each child, even if you do not check off all the boxes.

I _____ hereby give _____
Parent's/Guardian's Name School Name

my permission to use the initialed above items for the purposes stated above.

Student's Name:	
Parent/Guardian's signature	
Date:	

Comments/Special Requests/Notes

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School District 70 (Alberni)

Information and Technology Services

Technology Use Agreement Form

Part 1 – District Technology, Network, and Internet access

A. Introduction and Overview

The primary purpose of School District 70 Learning Resources Network is to support and enhance learning and teaching that prepares students for success. Providing access to SD70's network and the internet is an investment in the future of both our students and staff.

B. Types of Access Provided to Users

Users in SD70 must ensure that all materials accessed are consistent with district-adopted guidelines, supporting and enriching the curriculum while taking into account the varied instructional needs, learning styles, learning abilities and development levels of the students. Furthermore, users are to behave in an ethical and responsible manner while using school computers as they are expected to behave during any other school activity.

C. Vision of Technology's Role in Education

The staff in SD70 believe that electronic communication is a tool for life-long learning, and that access to SD70's network and the internet is one of the resources that promote educational and organizational excellence. We believe the responsible use of the network will assist schools with their understanding of the information age by allowing students and staff to significantly expand their knowledge by accessing and using information resources, and by analyzing, collaborating, and publishing information.

D. Terms and Conditions for Acceptable and Unacceptable Use

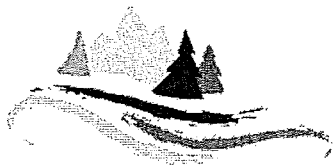
Students and staff should use SD70's network and the internet in a responsible, efficient, ethical, and legal manner. The use of SD70's network and the internet is a privilege, not a right, which may be revoked at any time for inappropriate behaviour. Users must be vigilant in ensuring the security of the network. Users must not give out personal information (complete names, addresses, telephone numbers, and identifiable photos). Users assume responsibility for understanding the policy and guidelines as a condition of using SD70's network and the internet. Staff members are accountable to teach and use SD70's network and the internet responsibly. Use of SD70's network and the internet that is inconsistent with these guidelines may result in loss of access as well as other disciplinary or legal action.

E. Implementation and Enforcement Procedures

To access the SD70 network and the internet, student users must sign the Acceptable Use Agreement form along with a parent/guardian signature. Each user will be given their own password to access the system. All users must protect their password and not share it with anyone else.

F. Consequences of Misuse for Specific Levels of Violations

Violations of school and school district networked information resources policies could result in the loss of access to electronic resources. Additional disciplinary action may be determined at the building and/or classroom level in line with existing practice regarding language and behaviour. This may range from loss of access to suspension from school. When appropriate, law enforcement agencies may be involved.



School District 70 (Alberni)

Information and Technology Services

Part 2 - Acceptable Use Agreement Consent

To access the school district network, this form must be completed and returned to the school.

Student Name: _____

School: _____

Please read and/or discuss with your child, the attached guidelines for acceptable use of SD70 technology resources and the internet. In accepting an SD70 network account, your child accepts the responsibility of using the network in a responsible and appropriate manner. It is important that you understand his/her responsibilities as well. Your signature indicating that you have read and agreed to the guidelines is necessary before an account will be issued.

I have read, or have had read to me, and/or have discussed the Acceptable Use Agreement and agree to use the network in an appropriate and responsible manner.

Student Signature: _____ Date: ____/____/____

I have read and/or discussed the Acceptable Use Agreement with my child and give the school and the school district permission to issue a Network/Internet account to my child.

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

The school district supports and respects each family's decision whether or not to apply for student access and whether to terminate or suspend that access. Parents/guardians have the right to request alternative activities that do not require access to networked information resources. Access, if issued, shall remain in effect through the remainder of the school year, unless suspended or terminated by the student, the school, or the parent/guardian.