Welcome to SPDL for the 2024-2025 school year.

Please read over this letter and sign before handing registration package in.

* K-3 students will receive paper packages only. They may need to access online platforms and websites for some of their work. These links can be found in the weekly package overview.
* 4-9 students are expected to work online and to submit their assignments online as soon as they are finished. Help to learn how to do it and access to the technology can be provided. We will not be able to provide paper packages for Grades 4-9
* There must be a home facilitator overseeing K-8 students work and helping with course progression. Many learning guides have instructions for the home facilitators to guide them in the role. As a home facilitator you should be checking in on your child/students Brightspace to see how they are progressing in the course.

If you need help with this, please reach out to Angie Mayoh.

* Drop-in sessions for K-8 will be available for students only (parents can drop off their students for the duration of the session and pick them up at the end). There will be two parent-teacher interviews windows during the school year to discuss students’ learning and coursework. Parents who wish to meet with the teacher outside of these windows are invited to book an appointment. Grade 9 students can arrange a time for drop ins at the South Peace Campus.
* For K-3 If you are sending in work packages through board, please take a picture or photocopy to ensure there is still a copy if it gets lost in the mail.
* Sample schedules are provided as a guideline, but the coursework is heavy and cannot be competed with just a couple of hours a day.
* We will connect with you to set up an appointment to create a learning plan for your child.
* Please let us know if you have any questions or concerns.

We look forward to working with you this year!

SPDL Team

Mr. Harper – Principal aharper@sd59.bc.ca

Mme Lauzé– K-8 teacher mlauze@sd59.bc.ca

Angie Mayoh – Computer Managed Instruction amayoh@sd59.bc.ca or spdls@sd59.bc.ca

 Parent signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Welcome to South Peace Distributed Learning

**Registration Requirements for South Peace Distributed Learning.**

1. Completed registration package.
2. Copy of Valid Identification – Birth Certificate or Passport
3. Copy of BC Care Card
4. Proof of Residency IE: Hydro bill, PNG bill, lease agreement.
5. Copy of Guardianship (if applicable)
6. For international students: Immigration Documents like student permit or permanent resident card.
7. K-9 students must complete a numeracy and literacy assessment for their grade level it will be attached to registration package.

Once we have received all the required documentation, we will get you entered in D2L Brightspace and send you a welcome email with instructions to get started.

If you have any questions, please email amayoh@sd59.bc.ca or aharper@sd59.bc.ca.

Thank you,

Aaron Harper

Principal

SPDL

**Distributed Learning Registration Form**

|  |  |  |
| --- | --- | --- |
| **Date** | **School of Record** | **Grade** |
|  |  |  |

**STUDENT INFORMATION:**

Student Name:

Student Number:

Parent/Guardian Name:

Parent/Guardian Email:

Parent/Guardian Contact Phone Number:

Special Education Designation: Yes No Comment:

Parent/Guardian Signature:

**ACCESS TO TECHNOLOGY:**

Computer: Apple PC Ipad Tablet

Internet Connection: Strong Weak None

If there is more than one child at home, does each child have access to their own technology?

 Yes No

Comments:

**ELEMENTARY USE ONLY**

**LEARNING PACKAGE PICKUP LOCATION:**

 SPDL Elementary Office

 Tumbler Ridge Elementary School

 Little Prairie Elementary School

 Devereaux Elementary School

 Don Titus Montessori Elementary School

 Moberly Lake Elementary School

 Windrem Elementary School

 Pouce Coupe Elementary

**Disclaimer: All of our online courses and data are hosted on a site in the United States of America. By signing this form you acknowledge that although the information is private and will not be shared by the service provider (Instructure) with third parties, it is subject to the laws of the governments of Utah and the USA.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Date | Completed by | Initials |
| Student Registration Received/Complete |  |  |  |
| Student Enrolled in Brightspace (4-7) |  |  |  |
| Student Cross-enrolled to SPDL |  |  |  |
| Student Learning Plan Reviewed with Parent and Student |  |  |  |
| Program Orientation Complete |  |  |  |

**OFFICE/TEACHER USE ONLY** School Name:

School Year:

**BC STUDENT INFORMATION VERIFICATION FORM REPORT**

**DEMOGRAPHICS**

Legal Last Name: Legal Middle Name:

Legal First Name: Student Cell Number:

Student Email Address:

Home Street Address:

City: Prov: Postal Code:

Physical 911 Address:

Usual Last Name: Usual First Name:

Usual Middle Name: Preferred Gender:

Legal Gender:

**Mailing Address if different than Home Address:**

Date of Birth: Proof of Age:

Streeet Address: Home Phone Number:

RR Number/PO Box:

City: Prov: Postal Code:

Care Card Number: Is your child Immunized? Yes No

Previous school: District No: Previous Teacher:

Current School: Current Grade:

**PARENT/GUARDIAN INFORMATION**

Name: Contact can pick up? Yes No

Receive Mailings? Yes No

Relationship: Parental Authority or Guardian? Yes No

Contact Lives with Student? Yes No

Home Phone Number: Cell Phone Number:

Work PhoneNumber: Email:

Address if different from Student:

Comment (e.g Custody):

Name: Contact can pick up? Yes No

Receive Mailings? Yes No

Relationship: Parental Authority or Guardian? Yes No

Contact Lives with Student? Yes No

Home Phone Number: Cell Phone Number:

Work PhoneNumber: Email:

Address if different from Student:

Comment (e.g Custody):

**If address is different, proof of BC residency of Parent/Guardian must be provided (e.g Utility Bill, Care Card). The custodial parent must be a resident of BC.**

**EMERGENCY CONTACT INFORMATION: OTHER THAN PARENT**

Contact #1: Relationship to Student:

Home No: Cell No: Work No:

Contact #2: Relationship to Student:

Home No: Cell No: Work No:

**SIBLING INFORMATION**

Name: Sibling School: Grade:

Sibling Phone Number:

Name: Sibling School: Grade:

Sibling Phone Number:

Name: Sibling School: Grade:

Sibling Phone Number:

**STUDENT LEGAL ALERTS – COURT ORDER ON FILE**

Description:

**STUDENT MEDICAL ALERT – LIFE THREATENING**

Description:

**OTHER STUDENT ALERTS – HEALTH, FAMILY OR OTHER INFORMATION**

Description:

**CITIZENSHIP**

Country of Birth: Visa Status:

Country of Citizenship: Visa Expiration Date:

**LANGUAGE AND CULTURE**

Home Language: First Language:

Language Most Used:

Aboriginal Ancestry: Aboriginal Program:

Status Card Number: Band of Residence:

**The information on this form is collected under the authority of the School Act, Section 13 and 79. The information provided will be used for educational program 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 your School Administrator.**

**I declare the information that I have provided is complete and accurate.**

**Parent / Guardian Signature: Date:**

**NOTE: Authorization for new students to begin attending classes may be provided following contact with the previous school. Until we have received information from the previous school(s) the students may not be allowed to attend classes and may be provided with school work to be completed at home.**

**FOR KINDERGARTEN USE ONLY**

The government of British Columbia is tracking the progress of Kindergarten students in the province, and in doing so is asking for the following information.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did this child attend an early learning or child-care program on a regular basis? Yes No

If yes**,** was it one or more of the types listed below? (please check all that apply)

Based in a centre, licensed Child’s home, non-relative caregiver

Family child-care, licensed Child’s home, relative caregiver

Other home based unlicensed, non-relative Other care \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was the child’s child-care program prior to entry to kindergarten? Yes No

Full-time Part-time

Did the child attend ‘other’ language classes?

Yes \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*Specify Language)* No

If your child is Aboriginal, what is their ancestral language, even if not spoken in the house?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did the child attend a parent/child resource program?

StrongStart CCR & R Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*Please Specify)*

**Reminder – information will remain completely confidential!**

Thank you for your cooperation

School Name:

 **Indigenous Program Participation**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As a parent/guardian of the above-named student, I give permission for my child to receive additional support while attending Distributed Learning school in School District No. 59 (Peace River South).

This information is voluntary:

 Status Indian Non status Indian Metis Inuit

The programs could include the following:

• The programs of the Coach/Mentor teachers and / or Indigenou support staff.
• Literacy intervention, tutorial or academic assistance.
• Attendance monitoring and intervention.
• Grade and Grad Coaching.
• Assistance of the School Family Support Worker.
• School wide or classroom cultural/history awareness opportunities and / or presentations.
• Submission of names to external sources for awards, bursaries and recognition.

I have identified my child as having Indigenous ancestry and give informed consent for my child to participate.

I understand this form will follow my child through to graduation, if enrolled in any school in School District No. 59.
I am aware that these over and above services are available to students who self-identify as having Indigenous ancestry and are funded by the B.C. Ministry of Education, Indigenous Education. I am also aware, that I can change my declaration for my child(ren) to receive additional service upon my request.

Parent Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal Information Consent**
**20 - 20**

Please complete, sign, and return to your school.

**Student’s Name**: (Last) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (First) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
(*please print*)

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 consent is required.

The Board of Education of School District 59 is seeking your consent to collect, store, 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.

Please check boxes to indicate consent for the following as student names, and/or images may be used or shared in:

 School and District communications, such as newsletters, brochures, Focus on Education magazine;

 Yearbook; *(see additional form attached. The form must be completed if any information will be accessible or stored in locations outside Canada)*

 School and District websites;

 Social media sites (e.g. Facebook);

 Online video (e.g. YouTube), with limited or public access;

 Videos, CDs, and DVDs designed for educational use only.

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.

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent’s Name:** (Last) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (First) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
(*please print*)

**Parent/Guardian\* Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Telephone No.:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have questions about this consent or about the collection of student personal information, you may contact:

School District Information and Privacy Officer, Christy Fennell

11600 – 7th Street   Telephone Number:  250-782-8571 Email:  cfennell@sd59.bc.ca

**Notice to Parents and Students: Outside Media in Schools**
**20 -20 School Year**

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

**Student’s Name**: (Last) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (First) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
(*please print*)

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 or video or conduct interviews with students, for the purposes 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,
* Tell your child’s teacher of your wishes,
* Complete and return this form with the box below filled out to ask the school and school district to take reasonable steps to avoid this type of publication of your child’s name, image, or personal information by outside media.

Note that school 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. **For Parents**: I acknowledge receipt of this Notice. If I have questions I will contact the School Principal.

                    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                        **Parent’s signature**

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

CONSENT TO SEND ELECTRONIC MESSAGES
(Canada’s Anti-Spam Legislation – July 1, 2014)

This consent form will ensure that School District 59 has your consent to send you newsletters, announcements and other electronic messages that may contain advertising or promotions including:

1. Field trips;
2. Fundraising;
3. Yearbooks;
4. Student pictures;
5. Event tickets;
6. Or, similar events and offers.

If you wish to receive the above communication from us, please provide your e-mail address and your signature for consent.

You may withdraw your consent at any time by informing the school of your intention.

Yes, I would like the school district to send me electronic messages as described above.
e-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Name – please print)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
(Signature)

Student’s name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Medical Alert Information**

THIS FORM IS TO PROVIDE THE SCHOOL WITH ACCURATE AND UPDATED MEDICAL ALERT INFORMATION AND THE PLAN FOR STUDENTS WHILE THEY ARE IN THE CARE OF THE SCHOOL.

INFORMATION PROVIDED IN THIS FORM WILL BE SHARED ONLY WITH THE APPROPRIATE SCHOOL STAFF.

Student Name: Birthdate (yyyy/mm/dd):

Parent/Guardian:

Date Information Provided (yyyy/mm/dd):

Diagnosis/Condition:

Date Condition Identified (approx.):

Describe the condition (expected problem):

SCHOOL EMERGENCY CONTACT INFORMATION

Who should we contact in the event of a symptom being displayed? (check all that apply)

 Ambulance/911 Parent/Guardian Family Doctor

Parent/Guardian Name: Phone #1 Phone #2

Alternate Contact Name: Phone: Relationship:

Family Doctor: Phone:

Symptoms to watch for:

**MEDICATION**

If there student is taking a medication for the condition or should be given medication (i.e. Epipen, Benadryl) at school, please complete the information below.

 Takes medication for this condition

Name of Medication(s):

Possible Side Effects:

 **School can Administer Medication** (onl complete this bottom section if school is to give student medication)

Name of Medication: Amount to be given:

When should it be

Administered (time): Name of physician prescribing:

Possible side effects:

I (), the legal guardian of the above named student, confirm that my request for administration of medication at school for my child is necessary, in that the medication must be given during school hours. I HEREBY RELEASE School District #59 (Peace River South), its officers, directors, administrators, and employees, of any liability for any and all claims whatsoever that I might have or that I bring on behalf of my child, in connection with current “Request for Administration of Medication at School”. I also hereby give permission for this information to be used by the School Based Team (Principal, classroom teacher, Learning Assistance teacher and other appropriate school personnel).

I understand that this authorization is valid for 12 months from the date of signature.

Parent/Guardian Signature Effective Date

**REQUEST FOR STUDENT RECORDS**

DATE: TO:

EMAIL: FROM:

**Attention Student Records:**

The following student(s) has/have enrolled with (insert school name) starting (insert start date).

|  |  |  |  |
| --- | --- | --- | --- |
| LEGAL NAME  | GENDER  | DATE OF BIRTH  | GRADE  |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |

* **Student File:** including report cards, documents relating to custody or other legal issues, non-confidential reports by professional staff or outside agencies, student conduct, all safety concerns, suspension letters, records of discipline matters and consequences/interventions, behavior plans and any other pertinent information regarding the student(s).
* **Permanent Student Record Card**
* **Individual Education Plans (IEP):** if there is one for the student.
* **Support Services File (Confidential Files):**  if there is one for the student including any confidential or other document pertaining to the above student from Psychologists, Social Worker, Speech/Language Pathologists, Counsellors, etc.

 **Authorization for release of student school records**

I confirm that I am the parent/guardian of the above-named student(s). I hereby authorize you to

Release/share the above noted information about my child with School District 59 and to discuss information relevant to the planning of their school program with School District personnel.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Parent/Guardian Name Parent/Guardian Signature Date

Thank you,

South Peace Distributed Learning

**D2L Brightspace**

Brightspace is a cloud-based learning management system that supports both online and blended learning. School District 59 is using Brightspace in conjunction with its Distributed Learning program.

Teachers use Brightspace to create and deliver course content, assessments, and activities in a centralized web-based platform. This includes creating, organizing, and sharing course materials, such as documents, videos, quizzes, and assignments. Teachers create and grade assignments, quizzes, and exams, and track students’ progress using Brightspace’s grading and analytics tools.

Desire2Learn requires personal information for your child to use Brightspace. Brightspace uses this information to provide the service, and additionally, they work with third party service providers that may collect, store, and/or process data on behalf of Desire2Learn.

More details can be found on Desire2Learn’s privacy policy page:

<https://www.d2l.com/legal/privacy/>

Any questions can be directed to:

Aaron Harper, Principal, South Peace Distributed Learning School

11311-13a

Dawson Creek, BC

V1G 3X8

aharper@sd59.bc.ca • (250-782-0122)

# Parent/Guardian Brightspace Consent Form

As the parent/guardian of the student named below, I grant permission for my child to access Brightspace managed by School District 59. I permit the release of personally identifying information to D2L Corporation, including my child’s name, username, e-mail address, school, assignment assessments and grades, and data and activity collected directly from the student during use of Brightspace. This personal information is collected under FOIPPA authorities 26(c), 32(a), and 33(2)(d). In doing so, I understand that the data for this service will be stored in Canada and governed by Canadian laws.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name (please print) Student Number

Signature of Parent/Guardian Date

Sora

Sora by OverDrive gives students one-tap access to a large collection of e-books, audiobooks, read-alongs, magazines, and more on any device, at any time.

Personal information is required for your child to use Sora. OverDrive uses this information to provide the Sora service, and additionally, they work with third party service providers that may collect, store, and/or process anonymized data on behalf of OverDrive.

More details can be found on OverDrive’s privacy policy page:

<https://company.cdn.overdrive.com/policies/privacy-policy>

Any questions can be directed to:

Maria Lauzé, SPDL

11311 13A Street

Dawson Creek, Bc

V1G 3X8

mlauze@sd59.bc.ca • 250-782-0122

# Parent/Guardian Sora Consent Form

As the parent/guardian of the student named below, I grant permission for my child to access Sora managed by School District 59 for the 2023-24 school year. I permit the release of my child’s personal information to Overdrive, including my child’s name, student number, e-mail address, school, grade level, and data and activity collected directly from the student during the use of Sora. This personal information is collected under FOIPPA authorities 32(b) and 33(2)(c). In doing so, I understand that the data for this service will be stored in, and governed by, laws and regulations of the United States of America.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name (please print) Student Number\*00000000\*

Signature of Parent/Guardian Date

**School District 59
Student Responsible Use Agreement: 20 - 20 School Year**

|  |  |
| --- | --- |
| **Overview** | We are pleased to offer students of District 59 Peace River South free access to the Internet and to email. Togain access to this service, all students must obtain parental permission and must sign and return this form tothe school office.Access to e-mail and the Internet enables students to explore thousands of libraries, databases and bulletin boards while exchanging messages with other Internet users throughout the world. Parents and students should be warned that some material accessible via the Internet contains information that is illegal, defamatory, inaccurate, and offensive to some people. While our intent is to make Internet access available to further educational goals and objectives, students may find ways to access inappropriate materials as well. We believe the benefits to students by accessing information and resources, and opportunities for collaboration, exceeds any disadvantages. While the school sets rules for use of the service, parents and guardians are responsible for setting and teaching the boundaries that their children must follow when using media and information sources. |
| **Email andInternet Rules** | Students are to demonstrate acceptable behavior while using the school computer networks at a standard equal to their behavior in the classroom or a school hallway. Communications on the network are often public in nature. General school rules for language, and good behavior in their communications will always apply.Within reason, freedom of speech and access to information will be honored. Outside of school, families bear the same responsibility for such guidance as they exercise with information sources such as television, telephones, movies, radio, and other potentially offensive media. |
| **DataProtection****DataProtection (Continue)** | Network storage areas may be treated like school lockers. Network administrators may review files and communications to maintain system integrity and ensure that students are using the system responsibly. It is important for users to know that files stored on district servers are not to be considered private.Any data stored on servers outside of School District 59 should not be considered as private and confidential as it could be accessed by others according to the laws of the host country (where files are stored). For example, if files are stored on a server in the United States, they may be legally subject to government review upon request;therefore, confidential, or private information should **not** be stored on these web-based services. |
| **PeaceNetGoogle Apps(ReleasingPersonalinformation)** | Google Apps is an email and document service that is provided by Google Inc. This service allows students to access documents at school and at home effortlessly with no need for additional software.To create an account, we must provide Google with your son or daughter’s first name, last name, student number and school. Most of Google’s servers are located in the United States, which is where the data is stored. All data on “off-shore” servers is covered under that nation’s laws. |
| **The Followingare notPermitted** | • Sending displaying offensive messages or pictures or accessing pornography• Using obscene language• Harassing, insulting, or bullying others• Damaging computers, computer systems or computer networks• Violating copyright laws• Using other’s passwords• Trespassing in other’s folders, work or files• Intentionally wasting limited resources.• Employing the network for commercial purposes unless directly related to a schoolbased program. |

**Parent/Guardian Acknowledgement and Permission**

As the parent/guardian of the student named below, I grant permission for my son or daughter to access networked computer services such as the Internet. I understand that some materials on the Internet that may be inappropriate for viewing and I accept responsibility for setting and conveying standards for my daughter or son to follow when selecting, sharing, or exploring information and media.

Print Name

Signature of Parent/Guardian

Date

**Parent/Guardian Google Apps Consent**

As the parent/guardian of the student named below, I grant permission for my son or daughter to access Google Apps (applications) managed by School District 59. I also permit the release of my son’s or daughter’s first name, last name, student number and school name to Google. In doing so I understand that the data for this service will be stored on Google servers located in other countries. All data on those servers remains the property of the student however it will be regulated by the laws of the country in which it is stored.

Print Name

Signature of Parent/Guardian

Date

**Student Acceptance Statement**

As a user of the School District 59 computer network, I agree to comply with the previously stated rules – communicating over the network in a responsible fashion while honoring all relevant laws and rules.

Student Name (Printed Legibly)

Grade

Signature of Student

Date

**\*\*\*\*\* For School Use Only\*\*\*\*\***

Student #: