



**GEORGE McDOUGALL
HIGH SCHOOL**

**HOCKEY PROGRAM
APPLICATION PACKAGE**

GENERAL INFORMATION

STUDENT NAME: _____

STUDENT BIRTH DATE: _____

STUDENT DESIGNATED (HOME) SCHOOL: _____

PARENT NAME(S): _____

PHONE: _____ EMAIL: _____

TRYOUT INFORMATION (PLEASE CHECK ONE)

- GLOBAL HOCKEY ACADEMY ONLY.
- TRYING OUT FOR BISONS, BUT WILL REMAIN IN GMHS GLOBAL IF RELEASED
- TRYING OUT FOR BISONS AND WILL REMAIN AT GMHS IF RELEASED, HOWEVER WILL NO LONGER BE INVOLVED IN GLOBAL
- TRYING OUT FOR BISONS AND WILL TRANSFER SCHOOLS IF RELEASED
TRANSFERRING TO HOME SCHOOL: _____
- REMAINING AT HOME SCHOOL AND WILL TRANSFER INTO GMHS IF KEPT ON BISON ROSTER FROM HOME SCHOOL: _____
- REMAINING AT HOME SCHOOL TO PLAY BISONS. HOME SCHOOL INFORMATION: _____

COURSE INFORMATION

ONE OF THE STRENGTHS OF OUR SCHOOL IS ROOTED IN THE CLIMATE THAT EXISTS AMONG STAFF AND STUDENTS. OUR VISION IS TO “FOSTER A SCHOOL CULTURE CELEBRATING THE PRINCIPLES OF LIFELONG LEARNING, CULTURAL DIVERSITY, AND SUCCESS THROUGH COLLABORATION.” WE BELIEVE IN “HELPING EACH CHILD TO REALIZE THEIR FULL POTENTIAL TO BECOME RESPONSIBLE, INVOLVED, EFFECTIVE AND PRODUCTIVE CITIZENS.” OUR STAFF MEMBERS WORK HARD TO PROMOTE COMMITMENT, CARING, AND RESPONSIBILITY ON THE PART OF OUR STUDENTS.

THE EXTRA-CURRICULAR/CO-CURRICULAR PROGRAMS HAVE LONG BEEN IMPORTANT FEATURES OF GEORGE McDOUGALL HIGH SCHOOL FOR BOTH STUDENTS AND STAFF, AND CONTRIBUTE IN A LARGE WAY TO OUR SUCCESS. OUR SCHOOL ENJOYS A POSITIVE, WELL-EARNED REPUTATION IN FINE ARTS AND ATHLETICS.

STUDENTS INVOLVED IN THE HOCKEY PROGRAM AT GMHS WILL HAVE A UNIQUE SCHEDULE, TO ALLOW FOR TIME ON AND OFF THE ICE. IN THE MORNING, STUDENT ATHLETES WILL PRACTICE ON ICE, FOLLOWED BY CLASSROOM WORK, DONE AT THE BOYS AND GIRLS CLUB. DURING THIS CLASSROOM TIME, STUDENTS WILL COMPLETE THEIR ENGLISH AND SOCIAL CREDITS, ALONG WITH A VARIETY OF CTS AND PHYS ED CREDITS.

UPON COMPLETION OF MORNING CLASSES, STUDENTS WILL RETURN TO GEORGE McDOUGALL HIGH SCHOOL. BUSSING HAS BEEN ARRANGED BY THE CITY OF AIRDRIE, OR THEY ARE ABLE TO DRIVE THEMSELVES. UNFORTUNATELY, WE ARE UNABLE TO OFFER CARPOOLING OPTIONS, DUE TO INSURANCE AGREEMENTS WITH THE DIVISION.

ONCE BACK AT THE SCHOOL, STUDENTS WILL BE INVOLVED IN REGULAR CLASSES, COMPLETING THEIR SCIENCE AND MATH OPTIONS. WE ASK THAT ALL HOCKEY STUDENTS INCORPORATE THEMSELVES INTO THE MUSTANG CULTURE. WE ENCOURAGE THEM TO TAKE PART IN EXTRA-CURRICULARS, SCHOOL ACTIVITIES AND LEADERSHIP OPPORTUNITIES.

WE LOOK FORWARD TO HAVING THESE UNIQUE STUDENT ATHLETES BECOME PART OF OUR SCHOOL CULTURE AND HOPE THEY EMBRACE THE MUSTANG WAY!

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Grade 12 2017-2018

Course Selection Form

Students Last Name:	Student's First Name:
Parent Signature:	Student Signature:

Fill in the table below with the courses that meet your goals and fulfill the requirements for an Alberta High School Diploma. All Grade 12 students must take a minimum of 30 credits in their schedule. You must have the appropriate prerequisite course and mark to register for a course.

Please check if you have completed the following two courses:				CALM		Phys. Ed 10					
CORE COURSES											
Course Name	Current Gr. 11 Mark	Suggested Gr. 11 Mark	Course Selection – Circle One	Course Name	Current Gr. 11 Mark	Suggested Gr. 11 Mark	Course Selection – Circle One				
1. English Language Arts (5 credits)				2. Social Studies (5 credits)				≥ 65% in 20-1	30-1	≥ 65% in 20-1	30-1
								50-64% in 20-1 ≥ 50% in 20-2	30-2	50-64% in 20-1 ≥ 50% in 20-2	30-2
								Consultation	30-4 K&E		
3. Mathematics (5 credits)				Science (5 credits) Biology (5 credits) Chemistry (5 credits) Physics (5 credits)				≥ 65% in 20-1	30-1	≥ 50% in any 20 level Science.	30
								50-64% in 20-1 ≥ 50% in 20-2	30-2	≥ 65% in 20	30
								≥ 50% in 20-3	30-3	≥ 65% in 20	30
								Consult with Counsellor	31	≥ 65% in 20	30
French Immersion (5 credits)	FI	Students will be enrolled in French Language Arts 30 and Études Sociales 30.									
OPTION COURSES											
You must select 5 credit and/or 3 credit options to complete the 30 credit requirement, and two Alternate Options.											
Option 1	5 credits	or	3 credits	3 credits							
Option 2	5 credits	or	3 credits	3 credits							
Option 3	5 credits	or	3 credits	3 credits							
Option 4	5 credits	or	3 credits	3 credits							
Alternate Option	5 credits	or	3 credits	3 credits							
Alternate Option	5 credits	or	3 credits	3 credits							

Interest in Work Place Learning (WPL)	Interest in Registered Apprenticeship Program (RAP)
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If you wish to discuss any part of your student's Course Selection Form, please contact one of our School Counsellors:
Mr. Reece (last name: A-L) or Ms. Duggan (last name: M-Z) at (403) 948-5935.

You must have this form completed, signed, and present for registration on March ??, 2017.



Out-of-Attendance Area Application

AF305-A
07/2017

Student residing within Division

Student residing outside Division

Transfer requests for a particular school may be approved only if space, resources & required programming are available at the RVS REQUESTED school

- STEP 1:** Parent/Guardian completes **(PART A)** and meets with the Principal of the RVS **DESIGNATED** school to discuss the rationale for the Out-of-Attendance Area Application.
- STEP 2:** The Principal of the RVS **DESIGNATED** school signs **(PART B)** to indicate a meeting with the Parent/Guardian has occurred.
- STEP 3:** If still interested, the Parent/Guardian may submit the Application to the Principal of the **REQUESTED** school with rationale for request.
- STEP 4:** If the Application is not supported, the Parent/Guardian may appeal the decision by submitting the Application and supporting documentation to the Associate Superintendent of Schools. The Parent/Guardian will receive a formal letter from the Associate Superintendent of Schools advising them of the decision.
- STEP 5:** If the Application is denied by the Associate Superintendent of Schools, the Parent/Guardian may appeal the decision by submitting the Application, with additional supporting documentation, to the Superintendent of Schools. The Parent/Guardian will receive a formal letter from the Superintendent of Schools advising them of the decision.
- STEP 6:** If the Application is denied by the Superintendent of Schools, the Parent/Guardian may appeal the decision by submitting the Application, with additional documentation, to the RVS Corporate Secretary for a final appeal by the Board of Trustees. The Parent/Guardian will receive a formal letter from the RVS Corporate Secretary advising them of the decision of the Board of Trustees.

Parent/Guardian will be responsible to provide transportation to the RVS REQUESTED school, or the nearest RVS bus stop, if there is space available.

PART A: Parent/Guardian/Independent Student to complete section below.

Student Name:		
<input type="checkbox"/> Male <input type="checkbox"/> Female	_____ (last) _____ (first) _____ (middle)	Date of Birth: _____ (month) _____ (day) _____ (year)
CURRENT School:	CURRENT Grade:	DESIGNATED School:
REQUESTED School:	REQUESTED Grade:	Requested for the 20 _____ - 20 _____ school year
Residence Address: (or 911 Address)		Postal Code:
Name of Parent/ Guardian/Independent Student	_____ (last) _____ (first)	Home Phone:
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	Email Address:	Business Phone:
		Cell:
Name of Parent/ Guardian/Independent Student	_____ (last) _____ (first)	Home Phone:
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	Email Address:	Business Phone:
		Cell:
Signature of Parent/Guardian/Independent Student:		Date of Request:

ATTACH A LETTER OF RATIONALE that must specify in detail the educational, psychological/emotional, or medical needs of your child and why the **REQUESTED** school would be better able to meet those needs (attach letters of support from trained professionals).

PART B: Principal of DESIGNATED school to complete section below.

Signature of Principal to indicate meeting with family has occurred:	Date:
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PART C: Principal of REQUESTED school to complete section below.

<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	Rationale:
Signature of Principal:	Date:

- Reference: AP305 School Attendance Areas



STUDENT REGISTRATION FORM

**PLEASE RETURN COMPLETED REGISTRATION FORM TO YOUR SCHOOL.
THE FORM MUST BE SIGNED BY THE PARENT OR GUARDIAN OR BY THE STUDENT (IF LIVING INDEPENDENTLY)**

The information requested on this form is being collected pursuant to the *School Act (Student Record Regulation)*, the *Freedom of Information and Protection of Privacy (FOIP) Act*, and the *Canadian Charter of Rights and Freedoms, Section 23*. Information acquired through this form is kept secure and access is restricted. If you have any questions regarding the collection or use of this information, please contact your school principal or the FOIP Coordinator, Rocky View Schools, 2651 Chinook Winds Drive, Airdrie, Alberta T4B 0B4 or phone 403.945.4013. **For all other inquiries, call 403.945.4000.**

SCHOOL OFFICE USE ONLY:

SCHOOL:		HOME ROOM:	
ENTRY CODE:	ENTRY DATE: ____/____/____ MONTH DAY YEAR	ALBERTA EDUCATION #:	SCHOOL ID #:

STUDENT INFORMATION

Required - Proof of the child's age and legal name. Documents accepted are: birth certificate, adoption certificate, student authorization visa, Canadian citizenship papers, or permanent landed immigrant/residence documentation. Proof of child's address. Documents accepted are: utility bill, bill of sale or lease agreement.

LEGAL LAST NAME:		LEGAL FIRST NAME:		LEGAL MIDDLE NAME:	
PREFERRED LAST NAME:			PREFERRED FIRST NAME:		
RESIDENCE ADDRESS: APT:		CITY:		POSTAL CODE:	
HOUSE : STREET:					
(or Rural 911 ADDRESS):					
MAILING ADDRESS (IF DIFFERENT FROM ABOVE):		CITY:		POSTAL CODE:	
HOME TELEPHONE:	BIRTH DATE: ____/____/____ MONTH DAY YEAR	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>	ENTERING GRADE:	

CITIZENSHIP/ IMMIGRATION STATUS

CANADIAN CITIZEN: **YES** A copy of the student's birth certificate is required.

CANADIAN CITIZEN: **NO** If so, complete the following section.

BIRTH COUNTRY, IF NOT CANADA:	OFFICE USE ONLY
<input type="checkbox"/> Temporary Resident (student has a study permit and living under the care of a legal guardian). Non-refundable registration fee and International Fees apply. Student Visa Expiry Date: MONTH ____/ DAY ____/ YEAR ____	CITIZENSHIP CODE: 5 ENROLLMENT CODES: IN CANADA: 415 OUTSIDE CANADA: 416
<input type="checkbox"/> A child lawfully admitted to Canada for permanent residence must present a permanent residency card.	CITIZENSHIP CODE: 2
<input type="checkbox"/> A child living in Canada, with a biological or adopted parent who is a Canadian Citizen. Proof of parent's Canadian birth certificate or Canadian Citizenship documents.	CITIZENSHIP CODE: 6
<input type="checkbox"/> A child living in Canada, with a biological or adopted parent who has Landed Immigrant Status or Study Permit or Work Visa. Proof of parent and children's documentation is required.	CITIZENSHIP CODE: 7
<input type="checkbox"/> A step-child of a Canadian; student presents passport and study permit. Biological or adopted parent provides passport and proof of application for permanent residency and fee payment to Citizenship and Immigration Canada.	CITIZENSHIP CODE: 9 ENROLLMENT CODE: 417
<input type="checkbox"/> A step-child of a Temporary Foreign Worker; student presents passport and study permit. Biological or adopted parent provides passport; step-parent provides passport and work permit.	CITIZENSHIP CODE: 9 ENROLLMENT CODE: 418
EXCHANGE STUDENT - involved in an approved reciprocal exchange program (does not include Rotary exchanges)	
<input type="checkbox"/> A student from another province or territory in Canada	ENROLLMENT CODE: 412
<input type="checkbox"/> A student from outside Canada	ENROLLMENT CODE: 413

SCHOOL AT WHICH STUDENT IS REGISTERING

NAME OF SCHOOL:

ENTERING GRADE:

Selected RVS schools offer a K-12 French Immersion Program. Are you registering in French Immersion? Yes No

Selected RVS schools offer a Christian Program. Are you registering in a Christian Program?

Cochrane Christian Academy (K-8): Yes No

Airdrie (K-6): Yes No

Prince of Peace Lutheran School (K-9): Yes No

KINDERGARTEN

Kindergarten is a **half-day program** at most RVS schools; the exception is at Indus School, Westbrook School, Kathryn School, and Cochrane Christian Academy, where it is a **full-day program** for a portion of each week.

In the **half-day program**, do you prefer* your child to attend: Mornings ? Afternoons ? Flexible ?

**Note: Your preference will be a consideration in your child's Kindergarten class placement; the school cannot guarantee the availability of your choice.*

LAST SCHOOL ATTENDED

NAME OF SCHOOL:

GRADE:

WITHDRAWAL DATE: ____/____/____
DAY YEAR MONTH

Please provide the following information if not advancing from another school in RVS.

ADDRESS:

CITY:

PHONE:

PROVINCE:

POSTAL CODE:

FAX:

Reason for leaving last school:

Has the student been on an assigned IPP- Individual Program Plan or IEP - Individual Education Plan)? Yes No

Has the student been expelled? Yes No If YES, has this been resolved? Yes No

MEDICAL INFORMATION

STUDENTS WITH A STUDENT VISA MUST REGISTER WITH THE ALBERTA HEALTH CARE INSURANCE PLAN WITHIN THREE MONTHS OF ARRIVAL.

ALBERTA HEALTH CARE NUMBER:

ALLERGIES:

SPECIAL MEDICAL CONDITIONS (i.e. medications, dietary restrictions, physical disabilities, mental health or behavior disabilities, etc.):

.....

.....

.....

.....

.....

INDEPENDENT STUDENT STATUS

The *School Act* defines an independent student as someone who is 18 years of age or older or 16 years of age and living independently or who is party to an agreement under 57.2 of the *Child Youth and Family Enhancement Act*. Independent students may complete this form and register in Rocky View Schools without parental consent.

Are you claiming 'Independent Student' status as defined in the *School Act*? Yes No

GUARDIANSHIP RIGHTS, CUSTODY OR ACCESS RIGHTS

Guardians of the student must be identified to ensure the rights of each party are respected. A child may be designated as "Protected" if a court has issued an order under the *Child Welfare Act*, the *Domestic Relations Act*, the *Divorce Act*, the *Protection Against Family Violence Act*, or the *Young Offenders Act*, or is the subject of a custody or access order including but not limited to parenting order under the *Child, Youth, and Family Enhancement Act* that is a predecessor to or a substitute for any of the said Acts. If your child is subject to any such order or agreement, please indicate below and discuss this situation with the school administration. If an order exists affecting guardianship rights or custody or access rights, a copy of the order or agreement will be required for the student's record.

Does such an order exist? Yes No

If this order affects communication regarding the student to anyone other than the first parent/guardian listed, please explain: _____

ACCESS AND/OR CUSTODY PARENTING GUARDIANSHIP PROTECTION

PARENT/GUARDIAN INFORMATION (CONSULT THE FAMILY LAW ACT FOR GUARDIANSHIP INFORMATION)

It is important to fill out information for each parent or guardian, whether or not they are living together. Information is collected to ensure communications are directed to the appropriate address. All communications regarding the student will be directed to the first parent / guardian listed, unless noted above. Email is used only for non-confidential information.

FIRST	PARENT <input type="checkbox"/>	GUARDIAN <input type="checkbox"/>	(CHECK ONE)		LIVES WITH STUDENT: YES <input type="checkbox"/> NO <input type="checkbox"/>	MAIL TO: YES <input type="checkbox"/> NO <input type="checkbox"/>
LAST NAME:			FIRST NAME:			
RELATIONSHIP TO STUDENT: MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER (PLEASE SPECIFY)						
HOME PHONE:	WORK PHONE:	CELL PHONE:	EMAIL ADDRESS:			
RESIDENCE ADDRESS:			CITY:		POSTAL CODE:	
MAILING ADDRESS (IF DIFFERENT FROM ABOVE):			CITY:		POSTAL CODE:	
SECOND	PARENT <input type="checkbox"/>	GUARDIAN <input type="checkbox"/>	(CHECK ONE)		LIVES WITH STUDENT: YES <input type="checkbox"/> NO <input type="checkbox"/>	MAIL TO: YES <input type="checkbox"/> NO <input type="checkbox"/>
LAST NAME:			FIRST NAME:			
RELATIONSHIP TO STUDENT: MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER (PLEASE SPECIFY)						
HOME PHONE:	WORK PHONE:	CELL PHONE:	EMAIL ADDRESS:			
RESIDENCE ADDRESS:			CITY:		POSTAL CODE:	
MAILING ADDRESS (IF DIFERENT FROM ABOVE):			CITY:		POSTAL CODE:	

THIRD PARENT <input type="checkbox"/> GUARDIAN <input type="checkbox"/> (CHECK ONE)		LIVES WITH STUDENT: YES <input type="checkbox"/> NO <input type="checkbox"/>		MAIL TO: YES <input type="checkbox"/> NO <input type="checkbox"/>	
LAST NAME:		FIRST NAME:			
RELATIONSHIP TO STUDENT: MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER (PLEASE SPECIFY)					
HOME PHONE:		WORK PHONE:		CELL PHONE:	EMAIL ADDRESS:
RESIDENCE ADDRESS:			CITY:		POSTAL CODE:
MAILING ADDRESS (IF DIFERENT FROM ABOVE):			CITY:		POSTAL CODE:
FOURTH PARENT <input type="checkbox"/> GUARDIAN <input type="checkbox"/> (CHECK ONE)		LIVES WITH STUDENT: YES <input type="checkbox"/> NO <input type="checkbox"/>		MAIL TO: YES <input type="checkbox"/> NO <input type="checkbox"/>	
LAST NAME:		FIRST NAME:			
RELATIONSHIP TO STUDENT: MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER (PLEASE SPECIFY)					
HOME PHONE:		WORK PHONE:		CELL PHONE:	EMAIL ADDRESS:
RESIDENCE ADDRESS:			CITY:		POSTAL CODE:
MAILING ADDRESS (IF DIFERENT FROM ABOVE):			CITY:		POSTAL CODE:
CONTACT IN CASE OF EMERGENCY OR SCHOOL CLOSURE					
An 'emergency contact' is someone <u>other than</u> the student's parent or guardian. Please provide emergency contacts to be used in the event that school personnel cannot contact those listed as parent(s) or guardians.					
NAME		PHONE #	CELL #	RELATIONSHIP TO STUDENT	
CHILD CARE PROVIDER <i>(if applicable)</i>					
NAME OF FACILITY:					
CONTACT NAME:			WORK PHONE:		CELL PHONE:
ADDRESS:			CITY:		POSTAL CODE:

STUDENT NAME:	GRADE:
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FRANCOPHONE ELIGIBILITY

According to the *Education Act* and Section 23 of the *Canadian Charter of Rights and Freedoms*, a parent who is a Canadian Citizen has the right to have all his/her children receive primary and secondary instruction in French if:

1. Either parent's first language learned and still understood is French (*mother or father's native tongue is French*) or,
2. Either parent received their primary school instruction in Canada at a Francophone school (K-12), or,
3. Any child in the same family has received or is receiving primary or secondary school instruction at a Francophone school in Canada.

Note: Francophone eligibility rights are not multi-generational, and refer only to the native tongue of the parent(s).
Do you claim entitlement to a Francophone education under the terms of the *Education Act*? Yes No

If YES, RVS is required to release demographic information about the student to the local Francophone Education Board upon written request from that school jurisdiction in conformance with provincial Student Record Regulations.

ENGLISH AS A SECOND LANGUAGE (ESL)

A student may be eligible for ESL support when the primary language spoken at home is a language other than English.
Is your child's primary language English? Yes No

If NO, my child's primary language is: _____ The language commonly spoken at home is: _____

ABORIGINAL SELF-IDENTIFICATION

If you wish to declare the student is Aboriginal, please select one:
First Nation (status) First Nation (non-status) Métis Inuit

For further information, please refer to: <https://education.alberta.ca/system-supports/results-reporting> or contact Alberta Education at 780.427.8501. If you have questions regarding the collection of student information by the school board, please contact the Office of the Superintendent at 403.945.4002.

STUDENTS WHO DO NOT RESIDE IN THE SCHOOL ATTENDANCE AREA

Each school must register students living within the school's attendance area. Parents may request 'Out-of-Attendance Area' registration in another RVS school. This request is reviewed by the Principal of the requested school and may be approved if space and resources are available. Parents are responsible for transporting out-of-attendance area students to and from school. RVS form SR027 must be completed to begin the application process.

Is your residence located outside of the attendance area of this school? Yes No

I understand I am responsible for transportation and may **not** be able to access RVS school bus service. Yes

RVS SCHOOL BUS TRANSPORTATION

Rocky View Schools provides full bus transportation at a parent cost for Grade 1-12 students who live outside the walk limit for their designated school. Kindergarten students who live outside the walk limit for their designated school are provided with either morning or afternoon bus service. Parents may apply for school bus transportation online at: <http://www.rockyview.ab.ca/transportation/register-here>.

Contact RVS Student Transportation for schedules and fees:

- 403.945.4101 Chestermere, Langdon and Indus areas
- 403.945.4102 Airdrie area
- 403.945.4103 Springbank, Bragg Creek, Crossfield, Kathryn and Beiseker areas
- 403.945.4104 Cochrane, Bearspaw and Westbrook areas

CONSENT TO ELECTRONIC COMMUNICATIONS

Rocky View School Division No. 41 (RVS) would like to keep you informed about the latest school and school board information, events, announcements and opportunities for parents and students, through electronic communications such as e-mails and newsletters from your child's school and from RVS, school councils, and other school based or supported entities. Occasionally these communications may include information about offers, advertisements or promotions related to school activities or RVS activities such as but not limited to event tickets, school fees, yearbooks, field trip opportunities, student photos, and may fall into the definition of a "commercial electronic message" under the new Canadian Anti Spam Law.

Due to the Canadian Anti-Spam Law, effective July 1, 2014, your child's school and RVS may not be able to send you these types of communications electronically without your permission.

To continue to receive such communications please sign below indicating your consent to receive such communications even if they are in whole or in part with the definition of a "commercial electronic message".

If you have any questions or wish to withdraw your consent at any time contact your child's school principal either by e-mail or at the address of the school, both of which are on the school's website.

As defined by the Canada Anti-Spam Law, a "commercial electronic message" is:

(2) For the purposes of this Act, a commercial electronic message is an electronic message that, having regard to the content of the message, the hyperlinks in the message to content on a website or other database, or the contact information contained in the message, it would be reasonable to conclude has as its purpose, or one of its purposes, to encourage participation in a commercial activity, including an electronic message that:

- a) offers to purchase, sell, barter or lease a product, goods, a service, land or an interest or right in land;
- b) offers to provide a business, investment or gaming opportunity;
- c) advertises or promotes anything referred to in paragraph (a) or (b); or
- d) promotes a person, including the public image of a person, as being a person who does anything referred to in any of paragraphs (a) to (c), or who intends to do so.

I wish to continue to receive electronic communication from RVS and my child's school:

STUDENT LEGAL NAME: _____

DATE: _____ PARENT/GUARDIAN SIGNATURE: _____

DATE: _____ PARENT/GUARDIAN SIGNATURE: _____

DATE: _____ INDEPENDENT STUDENT SIGNATURE: _____

School Division Use of Personal Information

Rocky View Schools collects personal information pursuant to the School Act and its regulation and under Section 33(c) of Alberta's Freedom of Information and Protection of Privacy (FOIP) Act. Personal information, as defined in Section 1(n) of the FOIP Act as meaning recorded information about an identifiable individual, includes:

- the individual's name, home or business address or home or business telephone number,
- the individual's race, national or ethnic origin, colour or religious or political beliefs or associations,
- the individual's age, sex, marital status or family status,
- an identifying number, symbol or other particular assigned to the individual,
- the individual's fingerprints, other biometric information, blood type, genetic information or inheritable characteristics,
- information about the individual's health and health care history, including information about a physical or mental disability,
- information about the individual's educational, financial, employment or criminal history, including criminal records where a pardon has been given,
- anyone else's opinions about the individual, and
- the individual's personal views or opinions, except if they are about someone else.

Rocky View Schools collects, uses, and discloses personal information that is necessary for the operation of a school board as allowed under the FOIP Act. The following are examples of how personal information may be used by RVS:

- Report cards, attendance
- Student records
- Student identification cards
- School library cards
- School yearbooks, memory books
- Photos including individual, class, team, club or videos for use within RVS
- School newsletters
- Field trips
- Secure RVS online environments
- Parent/guardian contact for absenteeism, emergencies, etc.
- Transportation services
- Classroom or program assignments and showcases
- Displays at schools or school jurisdiction office
- School sponsored activities such as fine arts productions, presentations, fairs, celebrations, clubs, sports activities
- Eligibility or suitability for an honour, award, scholarship, athletic program, etc.
- Law enforcement and/or first responders relating to safety, health, and security

Schools will contact parents /guardians when any additional consent is required in specific circumstances not covered explicitly or implicitly by this general consent.

PLEASE NOTE: Photos, videos or images of students attending or participating in school activities (e.g., sporting events, concerts, cultural programs, clubs, field trips, graduation or other ceremonies), that are open to the general public, may be taken by RVS staff, the public-at-large, including journalists, reporters, videographers and other members of the media and used for purposes within and outside the school or school district. RVS cannot control or prevent the further distribution or use of these photos, videos, images or other personal information by those who access the information.

DECLARATION

I hereby declare that I have read and understand the information contained on this Student Registration Form and in the "School Division Use of Personal Information" section and that the information I have provided is correct.

All legal parents/guardians are required to sign this form.

STUDENT LEGAL NAME: _____

DATE: _____ PARENT/GUARDIAN SIGNATURE: _____

DATE: _____ PARENT/GUARDIAN SIGNATURE: _____

DATE: _____ INDEPENDENT STUDENT SIGNATURE*: _____

* As defined in the School Act "independent student" means a student who is

(i) 18 years of age or older, or

(ii) 16 years of age or older and (A) who is living independently, or (B) who is a party to an agreement under section 57.2 of the *Child, Youth and Family Enhancement Act*;

IF INFORMATION PROVIDED ON THIS FORM CHANGES, PLEASE CONTACT THE SCHOOL IMMEDIATELY.



Annual Field Trip Authorization

(To be completed by Parent/Guardian and returned to the school)

I/We understand that the Board of Trustees of the Rocky View Schools allows for students in the Rocky View school system to participate in field trips, tours and off-campus activities which, in the opinion of the Board, have definite educational, athletic or cultural value and are an integral part of the Board's program.

I/We, being the Parent(s)/Guardian(s) of _____(the "student") in Grade _____, consent to the student participating in any such field trips arranged by the Board and we authorize the participation by the student. It is understood that my/our authorization and consent are subject to the following conditions:

1. The Board will be responsible for any injuries and damages suffered by the student while participating in any such field trip that arises as a result of the negligence of the Board.
2. The Board (usually the school) will advise me/us in writing of the following particulars of any field trip at least three (3) school days prior to the intended date of the excursion:
 - 2.1 destination
 - 2.2 arranged supervision
 - 2.3 date(s) and time(s)
 - 2.4 transportation plans
 - 2.5 any extraordinary risks and dangers that may be associated with the field trip
 - 2.6 costs (if any)
 - 2.7 telephone number(s) through which additional information on the field trip may be obtained.

I/We have the right to advise the Board (usually the school) in writing, at least two (2) school days before the commencement of any particular field trip, that I/We do not consent to the student participating in the field trip, in which event my/our consent and authorization will be considered as withdrawn for that particular field trip and the student shall not be allowed to participate in such field trip.

This consent, authorization and waiver shall be in effect for the current school year only.

DATED at _____, Alberta this _____ day of _____, 20_____

Parent/Guardian Name: _____

Signature: _____

Parent/Guardian Name: _____

Signature: _____

The personal information contained on this form is collected under the authority of the School Act and the Freedom of Information and Protection of Privacy Act (FOIP) for the purpose of participating in school field trips. If you have any questions about this consent form, please contact the School Principal or the Associate Superintendent of Schools.

Reference:

- AP260 Educational Excursions



Administering Medication or Medical Treatment to Students

School: _____

The information requested on this form is being collected pursuant to the School Act, notably Section 23 and the Freedom of Information and Protection of Privacy (FOIP) Act. Information acquired through this form is kept secure and access to the information Cross reference to Administrative Procedures 316, particular Procedure 2.2

STUDENT IDENTIFICATION INFORMATION		Administrative Procedure 316	
Legal Name:		Date of Birth:	
AB ED ID#:		Gender:	Grade: <input type="checkbox"/>
Address:		Home Phone:	
Parent/Guardian:		Work:	Cell:
Parent/Guardian:		Work:	Cell:
Physician:		Phone:	
Emergency:		Phone:	Relation:
MEDICATION/ TREATMENT INFORMATION (EG. ALLERGIES, MEDICAL CONDITION)			
Medication(s)/Treatment prescribed:			
Purpose of Medication/Treatment:			
Terms of Administration:	From:	To:	
SEVERE ALLERGY – a severe allergy is defined as a severe allergic reaction or anaphylactic response which, if left un attended can lead to sudden death.			
Severe Allergen(s):		Symptoms:	
Medical Alert Bracelet/Identification is worn: <input type="checkbox"/> Y / <input type="checkbox"/> N		Bus Route Notified: <input type="checkbox"/> Y / <input type="checkbox"/> N / <input type="checkbox"/> N/A	
Precautions (possible side effects of medication(s)/treatment and remedial action for side effects:			
Special Storage instructions and safekeeping requirements:			
Will it be detrimental to the student's health if a single dose/treatment is omitted?: <input type="checkbox"/> Y / <input type="checkbox"/> N			
Is the student able to self-administer his/her own medication/treatment?: <input type="checkbox"/> Y / <input type="checkbox"/> N If Yes, please provide details:			
List any important guidelines affecting health and safety that should be followed by your child during school hours (eg. Activity restrictions):			
MEDICATION ADMINISTRATION PRESCRIBED BY PHYSICIAN			
(Describe medication(s) or treatment schedule required to be completed on page)			
CONFIRM IN WRITING AND SIGNED BY PHYSICIAN MEDICAL EMERGENCY PLAN			
Any medication(s) or medical procedure(s) that may be necessary in an emergency (see attached sheet)			
THE INFORMATION PROVIDED ON THIS FORM IS ACCURATE AND COMPLETE (SIGNATURES ALSO REQUIRED ON PAGE 2)			
	NAME	SIGNATURE	DATE
Physician			
Parent/Guardian			



Administering Medication or Medical Treatment to Students

School: _____

STUDENT IDENTIFICATION INFORMATION

Legal Name:	Date of Birth:	Grade:
Parent/Guardian:	Work:	Cell:
Parent/Guardian:	Work:	Cell:

CONSENT

The undersigned _____, being the legal parent(s)/guardian(s) of _____, a student of _____, request and authorize by way of this document an employee or agent of the School Board to administer medication/treatment to the above-named student, and for so doing, this request and authorization will serve as a release of an indemnification from, any action, causes of action, or any suit commenced in law, equity, or by way of statute by the undersigned against the school board, its trustees, employees and agents arising from any action or inaction of any of the above-mentioned persons in context of administering medication/treatment to the above-named student. Further, the undersigned parent(s)/legal guardian(s) recognize and acknowledge that the employee or agent of the School Board, who may, as a result of this request, be administering the medication/treatment to the above-named student, is not a medical practitioner. Finally, the undersigned parent(s)/guardian(s) recognize and acknowledge that the above is subject to the attached conditions set forth in this document, which have been read and understood. Dated at _____, in the Province of Alberta, this _____ day of _____, A.D. 20_____.

This Authorization for Administration of Student Medication/Treatment Release form is subject to:

1. The parent/legal guardian providing the medication/treatment prescribed by the student's physician and specific instructions pertaining to the administration of that medication/treatment (see Physician's Information).
2. The parent/legal guardian repeating and updating this instruction if:
 - a. The student's medical condition changes; and/or
 - b. The medication/treatment requirements change
3. The parent/legal guardian understands that, should a medical emergency arise, the employees or agents of the School Board are to summon medical practitioners or paramedics for assistance and that the parent/legal guardian is financially responsible for such emergency medical assistance.
4. This form is valid only for the school year which it is submitted.

I hereby declare that I have read and understood the information contained on this form and the "Use of Personal Information", and that the information I have provided is correct.

Parent/Guardian Signature: _____ **Date:** _____

If you have any questions regarding this request for information and/or the use of, please contact the Associate Superintendent of Learning or the Director of Learning Supports.

Trained Staff in above-named student's medication or medical treatment administration

1. _____	2. _____	3. _____
----------	----------	----------

Person responsible of teaching school staff

- Parent(s)/Guardian(s) _____
- Other (please specify) _____



Responsible Use Agreement

Network, Computer, and Email

GUIDELINES AND PROCEDURES

Students, staff and administrators of Rocky View Schools have the opportunity to access the RVS network (RVS network or “rockynet” network) to facilitate educational and professional growth objectives. It is understood that Rocky View Schools does not have sufficient resources to monitor every aspect of network use. However, the purpose of these guidelines is to foster the independent use of the network, subject to compliance with procedures and standards for appropriate network behavior and communication. The following guidelines apply to all users when they access any “rockynet” network connection.

1. Privileges

The use of “rockynet” is a privilege, not a right, and inappropriate use will result in disciplinary action. Based on this policy, the Superintendent or designate, or the school principal in conjunction with the system administrators will deem what is appropriate use and their decision is final. Also, the system administrators may close an account at any time as required. The administration and school staff of Rocky View Schools may request the system administrator to deny, revoke, or suspend specific user accounts or specific privileges such as internet or email use at any time as required.

2. Property

“Rockynet” network and e-mail system is the property of Rocky View Schools. Unauthorized use of the network and e-mail system is prohibited. Access to the network and e-mail and other on-line systems of Rocky View Schools is a privilege granted to Users by Rocky View Schools and may be revoked or withheld at the discretion of the Superintendent or designates.

3. Privacy

Users do not have a personal privacy right in any matter created, received, stored in or sent from the “rockynet” network or e-mail system. The Superintendent or designate reserves the right to access any files to determine whether or not an employee or student is using the system for items of true “educational value”. Rocky View Schools may at times and without prior notice, monitor and review e-mail messages and web site retrieval by network users to ensure proper use.

4. Personal Safety

Think always of your own personal safety while using the “rockynet” network or e-mail systems. Protect your privacy, as well as the privacy of others.

The following rules will help promote your personal safety:

- 4.1 Do not give out personal information (address, telephone number, parents’ work address/telephone number, or name and location of your school).
- 4.2 Let someone in authority know right away if you come across any information that makes you feel uncomfortable.
- 4.3 Never agree to get together with someone you “meet” on-line.
- 4.4 Never send a personal picture or any other personal information.
- 4.5 Do not respond to any messages that are inappropriate, mean or in any way make you feel uncomfortable.
- 4.6 If you are being harassed let someone in authority know.



Responsible Use Agreement

Network, Computer, and Email

5. Accounts and Passwords

Users must obtain an authorized account and password from the Rocky View Schools Technology Services Department in order to access the “rockynet” network and e-mail system. The User should consider the account and password confidential and will not share the account or password with any other person or leave the account open or unattended at any computer system.

6. System Use and Maintenance

Users should periodically remove or erase their files from their folders or e-mail messages from Rocky View School’s server(s). E-mail or other files stored on an RVS file server are not considered private property and may be removed by the authorized Technology Services personnel without prior notice to the User.

7. Responsible Use

The use of your account must be in support of education and research and consistent with the educational objectives of Rocky View Schools. Transmission of any material in violation of any Federal or Provincial regulation is prohibited. This includes, but is not limited to the following:

- 7.1 Network use is restricted to only those users that have been issued an authentic username and password by the RVS Technology Services Department
- 7.2 Downloading or transferring copyrighted materials to or from any RVS computer without the express consent of the copyright owner is a violation of federal law and is expressly prohibited
- 7.3 All unauthorized and unlicensed software is prohibited on the RVS network
- 7.4 Users will not engage in illegal or unethical acts, including use of network access to plan or carry out any scheme to defraud or to obtain money, or other things of value by false pretences, promises, or representations; or to damage or destroy computer-based information or information resources
- 7.5 Any use of the RVS network for defamatory, inaccurate, abusive, obscene, profane, sexually-oriented, threatening, racially offensive and illegal material or other inappropriate activities is strictly prohibited. Individuals are encouraged to report any abuse to the appropriate authorities
- 7.6 Use of e-mail and other RVS network communications facilities to harass, defame, offend, or to disseminate defamatory, inaccurate, abusive, obscene, profane, sexually-oriented, threatening, racially offensive, illegal material, or otherwise annoy other users of the networks is forbidden. Each user has the responsibility to report all such violations
- 7.7 Downloading or transmission of pornographic, obscene or other socially unacceptable materials is strictly prohibited
- 7.8 Network users shall not allow any other person to use their password/key or to share their account. It is the user’s responsibility to protect e-mail accounts from unauthorized use by changing passwords/keys periodically and using passwords that are not easily guessed
- 7.9 Any attempt to circumvent system security, guess passwords or in any way gain unauthorized access to local or network resources is forbidden
- 7.10 Users may not move, repair, reconfigure, modify or attach external devices to the networks

Responsible Use Agreement

Network, Computer, and Email

- 7.11 Network users will not knowingly engage in sending messages and files containing any form of digital information or encoding that is likely to result in loss or disruption of the recipient's work or system
- 7.12 Network users will not engage in gaining access to any resources, entities or data of others for any purpose without authorization
- 7.13 Network users will not engage in activities that are wasteful of network resources or that degrade or disrupt network performance including other networks and systems accessed over the Internet
- 7.14 Network users will not engage in plagiarism of information obtained via "rockynet" network.
- 7.15 Network users will not engage in the breaking of confidentiality of any user, revealing personal information such as phone numbers or addresses of others, or otherwise invading the privacy of others over the network.
- 7.16 Network users will not use the RVS network for private or business use or for political purposes.

8. Warranties

RVS makes no warranties of any kind, whether expressed or implied, for the service it is providing. RVS will not be responsible for any damages you suffer. Without limiting the generality of the foregoing, this includes loss of data resulting from delays, non-deliveries, mis-deliveries, or service interruptions caused by negligence, errors, or omissions. Use of any information obtained via "rockynet" network is at your own risk. RVS specifically denies any responsibility for the accuracy or quality of information obtained through this service.

9. Security

Security on any computer system is a high priority, especially when the system involves many users. If you feel you can identify a security problem on "rockynet" network, you must notify a system administrator or principal as soon as the problem is identified. Do not demonstrate the problem to other users. Attempts to log-in to the system as any other user will result in disciplinary action. Attempts to log-in to "rockynet" network as a system administrator will result in cancellation of user privileges. Any user identified as a security risk or having a history of problems with other computer systems may be denied access to "rockynet" network.

10. Updating Your User Information

The RVS network may occasionally require new registration and account information from you to continue the service.

11. Computer and Email Misuse and Abuse

Computer misuse and abuse may result in cancellation of network privileges for a defined period of time and may result in other school disciplinary action. Serious offences may be referred to the RCMP for investigation and possible criminal charges if the offence warrants such action.



Responsible Use Agreement Network, Computer, and Email

Complete either the Student or Staff portion of this form, as applicable, and return as indicated below:

STUDENT Consent Form

(Return to school office)

RVS Student User Name <i>(print)</i> :	
The Student User I have read, I understand, and I will abide by the Rocky View Schools Acceptable Use Policy Guidelines to which this Consent Form is attached. I realize that violation of these provisions may result in loss of use of network privileges, as well as possible disciplinary actions. This may include, but is not limited to, revocation or suspension of network privileges, suspension or expulsion from school, and/or appropriate legal action.	
RVS Student User Signature:	Date:
The Parent or Guardian I understand that the RVS network has opened up a vast resource for school entities throughout the world. I understand that students now have opportunities to access research information from a variety of sources on the internet and email systems. I understand that the network opens the possibility of students having access to possibly defamatory, inaccurate, abusive, obscene, profane, sexually-oriented, threatening, racially offensive or illegal material by having access to the Internet and by sending and receiving e-mail. I understand that RVS will use its best efforts in order to limit such access to only those areas of educational value, however, it is understood that no matter how much supervision and monitoring and technical barriers RVS can utilize, there will always be the possibility of my child coming into contact with defamatory, inaccurate, abusive, obscene, profane, sexually-oriented, threatening, racially offensive or illegal material. Notwithstanding this fact, I recognize the importance of my child becoming technologically aware in an increasingly technological society, and I give consent for my child to access the internet and email systems of Rocky View Schools.	
Parent/Guardian Signature:	Date:
<i>Note: The parent or guardian signature warrants and confirms that he or she has the ability to bind any other parent or guardian to this consent and understands that RVS is relying on such warranty.</i>	

STAFF Consent Form

(Return to supervisor)

RVS Staff User Name <i>(print)</i> :	
The RVS Staff User I have read, I understand, and I will abide by the Rocky View Schools Acceptable Use Policy Guidelines to which this Consent Form is attached. I realize that violation of these provisions may result in loss of use of network privileges, as well as possible disciplinary actions. This may include, but is not limited to, revocation or suspension of network privileges, suspension from work, and/or appropriate legal action.	
RVS Staff User Signature:	Date:



Consent for Public Use of Student Images /Work

AF144-A
05/2018

FORM TO BE COMPLETED ANNUALLY BY PARENTS/GUARDIANS
AND FILED PERMANENTLY AT THE SCHOOL

There are instances in schools when it is desirable to use digital or news media to showcase student/school achievement and projects, including the publishing of a student’s name, photographs, videos, interviews, or other work and activities. In order to publicly display and publish the above noted items created by or involving your student on the Internet or through other media in any form, consent is required from the parents / guardians.

To avoid the need for repetitious requests for consent in a given school year, the intent of this form is to provide annual consent. Please review the information below and if you concur, sign date the form, and return it to your child's school. Alternatively, the form may be filled in electronically and emailed to the school’s email address listed on the website.

<p>Declaration:</p> <p>I hereby consent to allow RVS’ school representatives to use my child’s name, photographs, videos, interviews, or other work and activities, for the purpose of highlighting student accomplishments and successes digitally, on the Internet, or through the media.</p> <p><i>Disclaimer:</i> <i>The Internet is not governed, regulated or restricted at this time. Therefore, access to information/ images posted on the Internet are permanent and cannot be limited to a specific audience, or made available only for a specific time period.</i></p>
Date:
Student Name:
Name of Parent/Guardian: (please print)
Parent/Guardian Signature:
*Independent Student Signature:

PLEASE NOTE: Photos, videos or images of students attending or participating in school activities (e.g., sporting events, concerts, cultural programs, clubs, field trips, graduation or other ceremonies), that are open to the general public, may be taken by RVS staff, the public-at-large, including journalists, reporters, videographers and other members of the media and used for purposes within and outside the school or school district. RVS cannot control or prevent the further distribution or use of these photos, videos, images or other personal information by those who access the information.

***Independent Student:**

The School Act defines an independent student as someone who is 18 years of age or older or 16 years of age and living independently or who is party to an agreement under 57.2 of the Child Youth and Family Enhancement Act. Independent students may complete this form without parental consent.

Reference:

- AP144 – Public Use of Student Images/Work



Consent for Third Party Promotional Events (including Third Party Use of Film/Photography/Recordings)

AF144-E
05/2018

Third Party organizations or individuals may wish to make film, photographic, or audio recordings of RVS students, staff, and/or visitors for use in public promotional activities of the Third Parties (herein referred to as the promotional activities). This form provides parents, students, independent students, staff and/or visitors with the option to opt out of participation in the promotional activity. RVS cannot control or prevent the distribution or use of personal information / film / photography / recordings once made public. This form does not apply to instances where Third Parties film, photograph or record students, staff or visitors off RVS property or without RVS' knowledge and approval.

NOTICE: The activities of the Third Party named below are not activities of, or sponsored by, Rocky View Schools and participation of any student or staff or visitor in the promotional activity is entirely voluntary and a matter of personal choice.

School or Site of Promotional Activity (Film/Photography/Recording):
Date(s) of Film/Photography/Recording:
Third Party Involved (full legal name, address, phone number and contact name):
RVS Activity Contact:
Name of Promotional Activity:
Details of what Film/Photograph/Recording will be used for: <i>(Educational purpose, potential use(s) of images, involved media presence, what is being promoted if specific company or program)</i>
How will Film/Photograph/Recording be published (internet/public exhibition/other):

Consent for Release (Parent/Guardian/Independent Student/Visitor/Staff)

Full Legal Name of Filmed/Photographed/Recorded Individual _____

School/Site _____

_____ I consent to the above-mentioned student/staff/visitor to participating in the promotional activity including the making of any film/photograph/recording (s) and the subsequent use of the film/photograph/recording (s) by the Third Party as described above.

_____ I DO NOT consent to the above-named student/staff/visitor participating in the promotional activity NOR do I consent to the use of any film/photograph/recording (s) where the above-named student/staff/visitor **may** have been captured by the Third Party.

Name (Printed)	Signature
Date (yyyy-mm-dd):	

Consent is valid only for the use outlined above. A copy of this form must be returned to the Associate Superintendent of Business and Operations (retained for 5 years), as well as being kept on file at the school for a period of 1 year.

GEORGE MCDUGALL HIGH SCHOOL PLAGIARISM POLICY

Plagiarism is:

the practice of taking someone else's work or ideas and passing them off as one's own.

Plagiarism can include:

- Substituting another student's work for your own, in part, or in whole.
- Copying parts of a work from another source (i.e. book, internet, magazine) without reference to the author.
- Substituting another published author's work for your own.
- Submitting work from another course.

Plagiarism is an act of academic dishonesty; the act is considered cheating and morally wrong. Submitting another's work is not an accurate representation of your individual understanding or knowledge. At a post secondary institution, plagiarism is a serious offence and students can be expelled from the school and/or prosecuted for trying to pass off other's writing for their own. High level officials have lost their jobs for claiming credit for another's research. Plagiarism is unacceptable and will not be tolerated.

Consequences:

If any student is **SUSPECTED** and **CAUGHT** plagiarizing, the following will occur:

First Offence: The consequence will be at the teacher's discretion and both the student's parents and George McDougall Administration will be notified.

Second Offence: The student will be referred to Administration to be dealt with at their discretion.

I _____ do hereby acknowledge that I have read and understand the George McDougall High School Plagiarism Policy as explained on this form.

Student Signature

Date

Parent Signature

Date