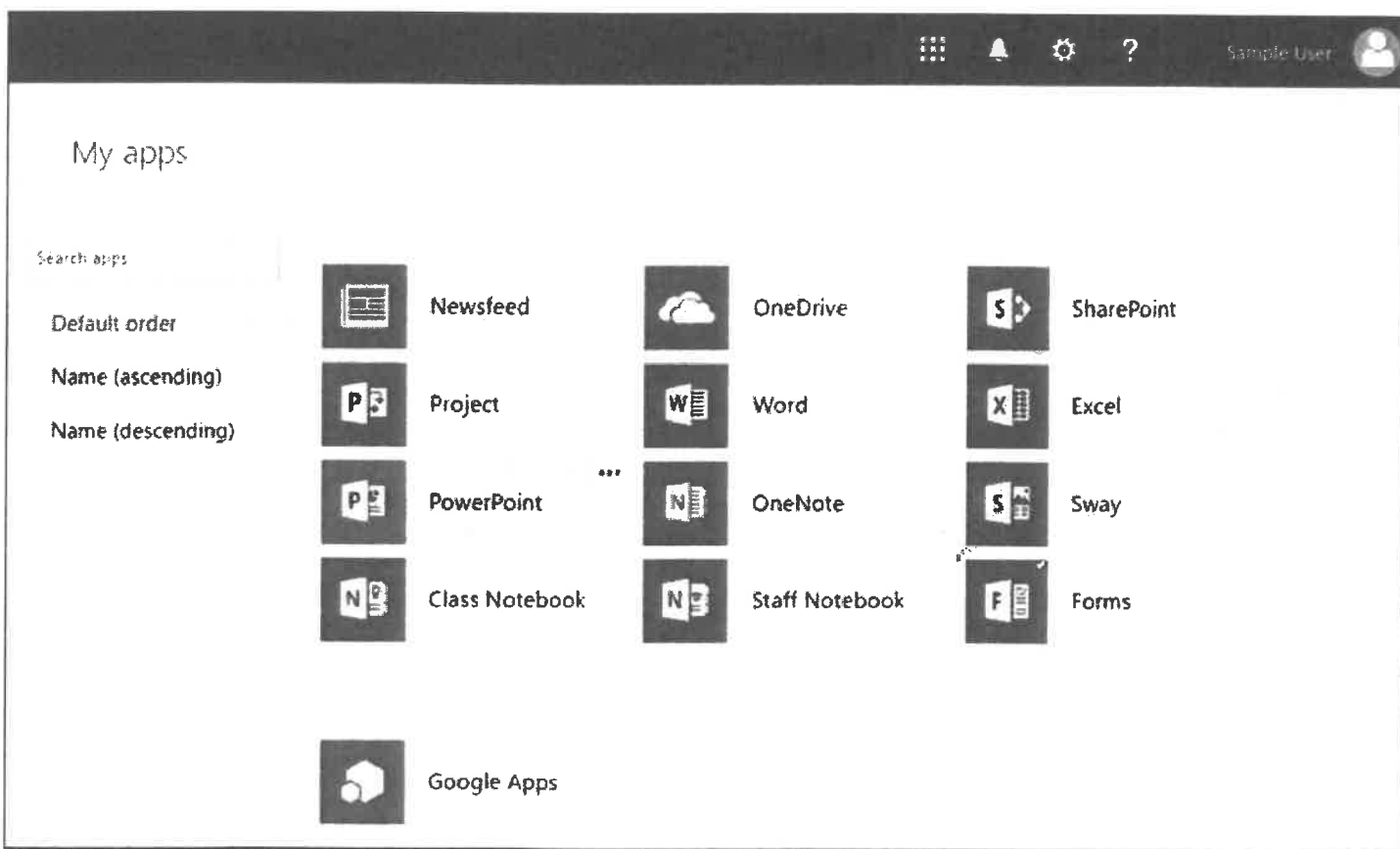


What is Office 365

Office 365 Education is a collection of services that allows you to collaborate and share your schoolwork. It's available for free to teachers who are currently working at an academic institution and to students* who are currently attending an academic institution. The service includes Office Online, and OneDrive online file storage. This service also allows teachers and students to install the full Office applications on up to **5 PCs or Macs for free**.

Students **MUST** have parent permission granted for Office 365

This form is initially completed at Kindergarten entry or by new students to Mission, and when a student is transitioning from Elementary to Middle, and Middle to Secondary School.



Dear Parent/Guardian:

Students will be provided with personal user accounts to create and manage their school assignments through Office 365.

As a school district, we are subject to the *BC Freedom of Information and Protection of Privacy Act*. This requires the school district to ensure families provide consent for educational digital resources. This is in accordance with s.26(c) of the *Freedom of Information and Protection of Privacy Act* (FOIPPA). Students' creations will be archived as an educational project under the authority of s.27(1)(a)(i) of FOIPPA and only accessible to the student who created it. In accordance with this Act, we must at all times protect the privacy of students under our care.

Shannon Greig, School Principal

School Address and Contact Information:

Ecole Christine Morrison Elementary, 32611 McRae Ave, Mission BC

Consent:

Office 365 - I have read the above information from ECME School and understand that when implementing a web-based service we will be creating personal, private accounts for students. I understand that the objective of *Office 365* is to enable opportunities to create and manage school assignments. Students who are not granted permission by their parents will not be penalized and alternative assignments will be provided.

I consent to my child using *Office 365*.

By signing this Agreement, I on my own behalf or, as applicable, on behalf of my child, understand and agree that:

- Student's work in *Office 365* may be accessed by the student's teachers, school based administrator and you as the invited parent.

This consent will be considered valid **from the date at which it is signed and must be completed another time when the student transitions to the next education level**. I also hereby acknowledge that I have read and understood the above information on *Office 365*.

Print Name of Student

Grade

Date

Signature of Parent or Guardian

Date

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

This form must be returned, signed and dated, to the student's school so that an *Office 365* account can be created.

Network, Internet and Wi-Fi Access User Agreement Form for Students K – 12



The personal information on this form is collected by School District No. 75 (Mission) under the authority of the School Act. The information will be used for educational purposes. This information will be protected under the Freedom of Information and Protection of Privacy Act. Questions about the collection and use of this information should be directed to the Information and Privacy Coordinator, School District No. 75, 33046 4th Avenue, Mission, BC, V2V 1S5, 826-6286.

Student Section

Student Name: _____ Div: _____

School: _____ Grade: _____

I have read *Administrative Procedure #210b: Network, Internet, and Wi-Fi Procedure for Students K-12* and I agree to follow the rules and regulations in the policy. I understand that if I violate the rules, my account can be terminated and I may face other disciplinary measures.

Student Signature: _____ Date: _____

Parent or Guardian Section

Students under the age of 19 must also have the signature of a parent or guardian who has read this agreement.

As the parent or guardian of the above-named student, I have read *Administrative Procedure #210b: Network, Internet, and Wi-Fi Procedure for Students K-12* and agree to abide by the provisions therein. I understand that network services are intended for educational purposes.

In consideration of the privilege of using the MPSD.CA Network, I hereby release the district, its personnel and any institutions with which it is affiliated, from any and all claims and damages of any nature arising from my child's use of, or inability to use, the MPSD.CA Network, including, but not limited to claims that may arise from the unauthorized use of the system to purchase products or services.

I will instruct my child regarding any restrictions against accessing material that are in addition to the restrictions set forth in the District Student Acceptable Use Policy and Regulations. I will emphasize to my child the importance of following the rules for personal safety and understand that it is impossible for the School District No. 75 (Mission) to restrict access to all controversial materials, and I will not hold School District No. 75 (Mission) responsible for materials acquired via its networks.

I give permission for _____ (name of student) to access the SD75.MISSION Network and/or the Internet and/ or Wi-Fi and certify that the information contained in this form is correct.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name: _____

Home Address: _____ Phone: _____

This form will be retained at the office of the enrolling school of the student.

Photograph, Video, and Media Consent Form



File No. 1025.99

School Districts must comply with the *Freedom of Information and Protection of Privacy Act* which sets out the privacy rights of individuals and provides regulations on protecting personal information for the public sector.

Mission Public Schools must have consent to collect, use, and publicly release photographs, videos, and audio of students.

Please complete the information below and return this form to your school.

Student names or images may be shared for the following purposes:

1. School yearbooks

Yes, I consent to the release of my child's personal information for the prescribed purpose outlined above.

No, I do not consent to the release of my child's personal information for the prescribed purpose outlined above.

2. School and/or school district website, newsletter, social media sites, or videotaping in the classroom and/or during special events for presentation purposes.

Yes, I consent to the release of my child's personal information for the prescribed purpose outlined above.

No, I do not consent to the release of my child's personal information for the prescribed purpose outlined above.

Student Name:
School:
Parent/ Guardian Name:
Parent/ Guardian Signature:
Date:

NOTE: Mission Public Schools does not have control over public events at which individuals voluntarily appear or attend, and external media is present.

The information described above is collected in accordance with **Section 26 (c) (d) and (g)** of the *Freedom of Information and Protection of Privacy Act*. Mission Public Schools must seek consent to disclose personal information for the examples listed above. Questions and concerns should be directed to the School Principal or the District Privacy Coordinator at privacy@mpsd.ca.

Consent Form *All About Me*

Dear Parent/Guardian:

Ecole Christine Morrison is going to be using *All About Me* as a Career Education Resource. Students will be provided with personal user accounts for career education purposes.

As a school district, we are subject to the *BC Freedom of Information and Protection of Privacy Act*. This requires the school district to ensure families provide consent for educational digital resources. This is in accordance with s.26(c) of the *Freedom of Information and Protection of Privacy Act* (FOIPPA). Students' creations will be archived as an educational project under the authority of s.27(1)(a)(i) of FOIPPA and only accessible to the student who created it. In accordance with this Act, we must at all times protect the privacy of students under our care.

Shannon Greig,
Principal

Consent:

All About Me - I have read the above information from Ecole Christine Morrison and understand that when implementing a web-based service we will be creating personal, private accounts for students. I understand that the objective of *All About Me* is to enable opportunities to explore career education. Students who are not granted permission by their parents will not be penalized and alternative assignments will be provided. I also recognize that I may be invited to view my child's work in *All About Me* and as a guest I will be respectful of not sharing classroom photos that may be posted by my child.

I consent to my child using *All About Me*.

By signing this Agreement, I on my own behalf or, as applicable, on behalf of my child, understand and agree that:

- Student's work in *All About Me* may be accessed by the student's teachers, school based administrator and you as the invited parent.

This consent will be considered valid **from the date at which it is signed**. I also hereby acknowledge that I have read and understood the above information on the Use of *All About Me*.

Print Name of student

Grade

Date

Signature of parent or guardian*:

Date

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

This form must be returned, signed and dated, to the student's school so that an *All About Me* account can be activated for the student named above.

Walking Field Trip Permission Form



PLEASE READ CAREFULLY AND COMPLETE, SIGN, DATE AND SUBMIT TO THE CLASSROOM/HOMEROOM TEACHER OR OFFICE
(The consent is in effect for the duration of your child's attendance at a school. PLEASE NOTE: the consent can be revoked at any time by contacting the school)

STUDENT NAME (Print Usual First and Last Name)	GRADE	SCHOOL
		...

From time to time during school hours, teachers find opportunities to enhance student learning with walking field trips outside the classroom. These 'walking field trips' may be spontaneous, taking advantage of the weather or to collect or see something in the neighbourhood, and may also occur on a regular basis. Such field trips may include, but are not limited to, the following:

- Nature Walks
- Neighbouring School Events
- Terry Fox Run
- Neighbourhood Improvement Projects
- Fitness Breaks / Walks or Runs for Physical Education Classes
- Use of a Local Community Playing Field, Park, or Tennis Court
- Sketching Classes

SUPERVISION:

The classroom teacher will directly supervise walking field trips. Depending on the grade level and the nature of the activity, additional supervision may be provided by teachers, education assistants, or parents/guardians to meet the supervision requirements outlined in Administrative Procedure: 3.2.1 – Field Trips. At all times, teachers will endeavour to ensure the safety of students during these excursions.

RISK REDUCTION:

Although walking field trips are considered low risk for accidents, or personal injury to students, there are risks that could occur, including falling, danger from cars, and not following teacher instructions/directions. Classroom teachers will discuss behavioural expectations with students and take the appropriate safety precautions before embarking on the walking field trip, to minimize risk and enhance the safety of each student.

PARENT/GUARDIAN WALKING FIELD TRIP CONSENT:

Walking field trips are impromptu in nature, and as such, the school is seeking in advance, informed consent for your child to participate in walking field trips within our school community. Your child's teacher may or may not provide you with notice in advance. These walking field trips are optional and alternate arrangements will be made for students who do not have consent.

Please complete the areas below and submit the full page to the classroom/homeroom teacher or office:

First and Last Name of Student (PLEASE PRINT): _____

YES, I CONSENT to my child participating in Walking Field Trips

NO, I DO NOT CONSENT to my child participating in Walking Field Trips

Name of Parent/Guardian: _____ Signature of Parent/Guardian: _____
(PLEASE PRINT)

Contact No.: _____ Email: _____ Date: _____
(DD-MM-YYYY)

Fruit and Veggie Opt-Out Form

(School Fruit and Vegetable Nutritional Program)



PLEASE SUBMIT THIS FORM ONLY IF YOU DO NOT WISH YOUR CHILD TO PARTICIPATE AND/OR IF YOU NEED TO ALERT US TO CERTAIN FOOD ALLERGIES

(The opt-out form is in effect for the duration of your child's attendance at a school and can be revoked at any time by contacting the school).

STUDENT NAME <i>(Print Usual First and Last Name)</i>	GRADE	SCHOOL

The schools in our district are fortunate to have been accepted into the BC School Fruit and Vegetable Nutritional Program. Administered by the BC Agriculture in the Classroom Foundation and supported by the Province of British Columbia and the Provincial Health Services Authority, the goal is to encourage healthy eating by providing fresh BC fruits and vegetables to students *during* class time. Fruits and vegetables contain vitamins, minerals, phytochemicals, antioxidants, and fibre that promote health and prevent disease.

PLEASE NOTE: This snack is not meant to replace food normally consumed at recess or lunch.

For students in grades K-5, there is also the option to have milk (+Milk) delivered along with the fruit and vegetables. A percentage of +Milk delivery will be fortified soy beverage for students with lactose sensitivities.

The students will receive these healthy treats 12 times in the school year at no charge!

To ensure every student's health and safety, please complete and return this form **ONLY** if you do **NOT** wish your child to participate in the program, **AND/OR** if you need to alert us to certain **FOOD ALLERGIES**.

Please Complete the Areas Below and Submit the Full Page to the Classroom/Homeroom Teacher or Office:

Usual First and Last Name of Student *(PLEASE PRINT)*: _____

- NO**, I do **NOT** wish my child to participate in the BC School Fruit and Vegetable Program.
- (Grades K-5 Only): NO**, I do **NOT** wish my child to participate in the K-5 +Milk Program
- MEDICAL ALERT:** My child has food allergies you need to be aware of, and therefore, they may not be able to participate in every offering. To assist you, below is information on my child's 'allergy profile'.

Please list allergy(s) in the area below and define allergy profile(s):

(For Example: It is airborne It is by ingestion only It can be contracted through touch/the skin)

If you require further clarification, please contact me at: Phone: _____ Email: _____

Name of Parent/Guardian: _____ *(PLEASE PRINT)* Signature: _____

Date: _____ *(DD-MM-YYYY)*