



Walker Development Center
School District 51 (Boundary)
525 Central Ave., Grand Forks, B.C.
Mailing Address: Box 310 Grand Forks BC V0H 1H0
Phone 250-442-5313 Fax: 250-442-5317

Field Trip and Activity General Consent Form

One of the goals of the Program is to assist students in the development of appropriate social skills and work habits. The activity component of the program provides genuine opportunities to learn and practice those appropriate behaviours. The other purpose for the activity component is to provide opportunities for positive experiences in school, in the community, and for students to give back to the community. The types of activities include, but are not limited to: swimming, pool, bowling, hiking, service projects, visits to seniors' complexes, working with elementary students, skiing and wall climbing.

The expectations for students participating in program sponsored activities have been set to ensure: student safety, adherence to School District Policies and a positive experience for staff, students and the community.

The expectations are as follows:

- 1. Participate, not speculate in the activity.**
- 2. No smoking traveling to/from and while participating in the activity.**
- 3. Travel in program provided vehicles to and from the activity.**
- 4. Act in a mature and responsible manner while participating in the activity.**

All students are expected to participate in all activities and will be marked absent if they choose not to participate. The one exception will be for activities/outings that are planned for an extended day (9:00 am – 3:30 pm). Students are still expected to participate in the extended day activities, but parents do have the option of allowing their son/daughter to work at home. Work will be provided for those students who stay home.

Please read, sign and return this form as soon as possible. Thank you.

Field Trip and Activity General Consent Form

I, _____ give my consent and assume all responsibility for
print parent/guardian name

_____ to participate in regularly scheduled activities. I
print child's name

understand that my son/daughter will be required to follow all expectations while taking part in these activities.

Parent/Guardian's Signature

Date

Student's Signature

Program Teacher Signature

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Dear Parents and Guardians:

The Freedom of Information and Protection of Privacy Legislation came into effect for Schools in the fall of 1994. To ensure that we are complying with the Legislation we ask that you please read the following information carefully. If you have any questions or concerns, please contact your child's School Principal.

Media Coverage

It is possible that there will be media coverage of School events. That media coverage could include your child's photo, name and comments being a part of a broadcast or publication or School/School District website. Please check the statement below that expresses whether you wish your child to be involved in such coverage.

I **do not** wish my child to be involved in media coverage.

I **give my permission** for my child to be involved in media coverage

Parent/Guardian Name _____ Student's Name _____

Parent/Guardian Signature _____ Date _____

*The Media Coverage Release is effective for the period the student is attending School in School District # 51 (Boundary) unless revoked in writing by the student or his/her parent/guardian.

Parent Advisory Committee – Access to Information

Every School has a Parent Advisory Committee that represents the School and engages in educational programs and sometimes fundraising. The School will normally make the Parent/Guardian's name, telephone number and mailing address as well as the child's name and grade available to the School's parent Advisory Committee for contact purposes. Please check the statement below that expresses whether you wish your contact information to be released to the Parent Advisory Committee in your School.

I **do not** wish my contact information to be released to the School Parent Advisory Committee.

I **give my permission** for my contact information to be released to the School Parent Advisory Committee

Parent/Guardian Name _____ Student's Name _____

Parent/Guardian Signature _____ Date _____

*The Parent Advisory Committee Release is effective for the period the student is attending School in School District # 51 (Boundary) unless revoked in writing by the student or his/her parent/guardian.

Internet Access

School District # 51 (Boundary) (the "School District") requires that parents provide a signed '*Student Acceptable Use Form*' (page three of *Electronic Communications Systems in Schools – Student Acceptable Use Guidelines*, Policy) if they wish their child to have access to the Internet through School computers. Please read the '*District-Wide Application of Technology – Electronic Communication Systems in Schools*', '*Web Page Publishing Policy*' as well as the '*Electronic Communications Systems in Schools – Student Acceptable Use Guidelines*' and return a completed copy of page three of this Policy ('*Student Acceptable Use Form*') to the school. Copies of these policies are available at your child's School or on the School District website: <http://www.sd51.bc.ca/reports documents/index.htm>.

*This Student Acceptable Use Form is effective for the period the student is attending School in School District # 51 (Boundary) unless revoked in writing by the student or his/her parent/guardian.