



# BARRIERE SECONDARY SCHOOL

SCHOOL DISTRICT NO. 73 (KAMLOOPS/THOMPSON)

Box 130, 4811 Barriere Town Road

Barriere, BC V0E 1E0

Phone: (250) 672-9943 Fax: (250) 377-2254

**BARRIERE  
SECONDARY**

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

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

Location: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Attention: Student Records

I, \_\_\_\_\_, am the parent/guardian of \_\_\_\_\_

whose birthdate is \_\_\_\_\_. I have enrolled my child at Barriere Secondary

School in grade \_\_\_\_\_ and hereby approve the release of all records pertinent to my child to

Barriere Secondary.

Please forward his/her student file and its contents as soon as possible.

\_\_\_\_\_  
Parent / Guardian signature



# STUDENT ENROLLMENT FORM

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

Enrollment Date: \_\_\_\_\_ Start Date: \_\_\_\_\_

## STUDENT INFORMATION

Legal **FIRST** Name \_\_\_\_\_ Legal **LAST** Name \_\_\_\_\_ Legal **MIDDLE** Name \_\_\_\_\_  
 Current Grade \_\_\_\_\_ Gender  Male  Female Date of Birth \_\_\_\_\_ Day / Month / Year  
 Usual First Name \_\_\_\_\_ Usual Last Name \_\_\_\_\_ Usual Middle Name \_\_\_\_\_  
 Home Language \_\_\_\_\_ Language Most Used \_\_\_\_\_ First Language \_\_\_\_\_  
 Personal Health Number \_\_\_\_\_

## PROPERTY ADDRESS

Street # & Name \_\_\_\_\_ Please complete if different than Property Address  Same as Property Address  
 Apt # \_\_\_\_\_ RR #/PO Box \_\_\_\_\_ Postal Code \_\_\_\_\_  
 City/Municipality \_\_\_\_\_ Apt # \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Proof of Address Document \_\_\_\_\_ City \_\_\_\_\_  
 Home Phone \_\_\_\_\_  Unlisted

## MAILING ADDRESS

Please complete if different than Property Address

## ADMISSION INFORMATION

**Previous School/Program**  
 First Time Entry  French Immersion  District Program  
 Strong Start  Montessori  Transfer  
 Fine Arts

Previous School \_\_\_\_\_  
 Previous District \_\_\_\_\_  
 Previous City/Province \_\_\_\_\_  
 Previous School Phone # \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Surname _____	_____	_____
First Name _____	_____	_____
Relationship to Student _____	_____	_____
Custody _____	<input type="checkbox"/> Sole <input type="checkbox"/> Shared <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Sole <input type="checkbox"/> Shared <input type="checkbox"/> Yes <input type="checkbox"/> No
Court Order in Effect?* _____	<input type="checkbox"/> Lives with Student <input type="checkbox"/> Can Pick Up Student <input type="checkbox"/> Receives Mailing <input type="checkbox"/> Has Family Portal Access <input type="checkbox"/> Receives Email <input type="checkbox"/> Receives Auto Dialer Calls	<input type="checkbox"/> Lives with Student <input type="checkbox"/> Can Pick Up Student <input type="checkbox"/> Receives Mailing <input type="checkbox"/> Has Family Portal Access <input type="checkbox"/> Receives Email <input type="checkbox"/> Receives Auto Dialer Calls
Parental Authority/Guardian... _____	<b>*If there are any custody arrangements with this student, legal documentation must be filed with the school</b>	
Home Phone _____	_____	_____
Cell Phone _____	_____	_____
Work Phone _____	_____	_____
Work Place _____	_____	_____
Email Address _____	<input type="checkbox"/> Same as Student Address	<input type="checkbox"/> Same as Student Address
Address _____	<b>Property Address (if not living with student)</b>	
Street Address _____	_____	_____
RR#/PO Box _____	_____	_____
City _____	_____	_____
Province _____	_____	_____
Street Address _____	<b>Mailing Address (if different than property address)</b>	
RR#/PO Box _____	_____	_____
City _____	_____	_____
Province _____	_____	_____

## EMERGENCY CONTACT INFORMATION (IF PARENTS CAN'T BE REACHED)

Emergency Contact _____	_____	_____
Relationship _____	_____	_____
Cell Phone _____	_____	_____
Home Phone _____	_____	_____
<input type="checkbox"/> Can pick up student	<input type="checkbox"/> Can pick up student	<input type="checkbox"/> Can pick up student
<input type="checkbox"/> Lives with student	<input type="checkbox"/> Lives with student	<input type="checkbox"/> Lives with student

Out of District Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

**SIBLING INFORMATION**

Legal Last Name					
Legal First Name					
Birth Date					
Relationship					
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Male

**STUDENT MEDICAL ALERTS (LIFE THREATENING CONDITIONS)**

Description of Condition \_\_\_\_\_  School Medical Plan Needed

Phone Number \_\_\_\_\_

Name of Physician \_\_\_\_\_

**HEALTH ALERTS (NON-THREATENING MEDICAL CONDITIONS OR MEDICATIONS STUDENT MAY BE USING)**

Description of Condition \_\_\_\_\_

Is child currently on medication? If yes, please describe \_\_\_\_\_

**STUDENT LEGAL ALERTS (COURT ORDERS ON FILE)**  Yes  No

Description of Court Order(s) \_\_\_\_\_

**OTHER FAMILY ALERTS**

Description of Family Alert(s) \_\_\_\_\_

**CITIZENSHIP**

Country of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_  Refugee Entry Date Into Canada \_\_\_\_\_

Visa Status \_\_\_\_\_ Expiry \_\_\_\_\_  Work Permit Expiry \_\_\_\_\_  Study Permit Expiry \_\_\_\_\_

**ABORIGINAL ANCESTRY**

Is your child of Aboriginal Ancestry?  Yes  No

If yes, please select appropriate status

Metis  Status On Reserve Band of Residence \_\_\_\_\_

Inuit  Status Off Reserve Status No. \_\_\_\_\_

Non-Status

**OTHER INFORMATION**

Past Assistance:  Learning Assistance  Educational Assessment  District Counsellor  Adaptations

Modifications  Individual Educational Plan  Hearing  Speech /Language

Physical Accommodation

Additional Information: \_\_\_\_\_

**PERMISSIONS**

- I give my consent for the release of my name, phone number and address for school communication purposes, such as Parent Advisory Council, Safe Arrival Program and Classroom Phoning Committee, etc. (as applicable).
- I give my consent for the publication of my child's name, photograph and comments, for school purposes, in the school yearbook or newsletter or the school website, and on occasion, in the school district calendar, annual report or in the news media.
- I give my consent for my child to participate in neighbourhood, curriculum-based off school ground activities.
- I give my consent for Aboriginal supports/programming.

*The information contained on this form is collected under the authority of the School Act, Section 13 and 79. This information will be used for educational programming 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 (FIPOPA). If you have any questions about the information recorded on this form, please contact your School Administrator.*

Date \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

District Internet Agreement Form Completed (see attached)

Release of Info/Photos/Media outside of District Form Completed (see attached)

Enrollment Interview Completed

Date \_\_\_\_\_ Signature of Principal/Designate \_\_\_\_\_

**OFFICE USE ONLY**

Proof of Age (1 required) \_\_\_\_\_ Proof of BC Residency and Address (2 required) \_\_\_\_\_

Birth Certificate  Driver's License/Auto Registration  Gas/Hydro Bill  BC Services Card

Passport  Lease/Rental Agreement  Care Card  Property Tax Notice

Verified by \_\_\_\_\_ Date \_\_\_\_\_

(SD73 Employee Signature)



SCHOOL DISTRICT NO. 73 (KAMLOOPS/THOMPSON)  
Personal Information Consent  
SECONDARY SCHOOLS

For School Year: 2017-2018

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

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

School: BARRIERE SECONDARY

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 or student consent is required.

The Board of Education of School District No. 73 (Kamloops/Thompson) is seeking your consent to collect, keep, 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.

For example, student names, and/or images may be used or shared in

- school and District communications, such as newsletters, brochures, and reports in limited or public circulation;
- school and District websites, social media sites (e.g. Facebook), and online video (e.g. YouTube), with limited or public access;
- videos, CDs, and DVDs designed for educational use only.

Please check **A OR B** (not both)

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.

B. \_\_\_\_\_ I DO NOT CONSENT to the use and disclosure of my child's name and/or image for the above purposes for this school year.

SIGNATURES NEEDED ON BACK →

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

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

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

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

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

For Students:

I consent to the school and District collecting, keeping, using, and sharing my image and name for educational purposes such as recognizing and encouraging student achievement, building school community, and informing others about the school and District, its programs, and activities.

Student Signature: \_\_\_\_\_

*\*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.*

If you have questions about this consent or about the collection of student personal information, you may contact the school principal or the Superintendent's Office.



## SCHOOL DISTRICT NO. 73

### Notice to Parents and Students: Outside Media in Schools Secondary Schools

For School Year: \_\_\_\_\_

Student's Name: \_\_\_\_\_

(Please print)

Last name

First name

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

**BARRIERE SECONDARY SCHOOL**

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, video or conduct interviews with students, for the purpose 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;
- Inform your child's teacher of your wishes.

Please note that school and district 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.).

- I acknowledge the receipt of this Notice and have no objections.
- I acknowledge the receipt of this Notice and **do not** want my child's image/name being published by outside media. I have told my child's teacher of my wishes. I request that the school district and its staff take all reasonable steps to avoid having my child's image or name collected or published by outside media when they are present in school or at school activities at the invitation of the school or school district. I **consent** to disclosure by the school district or its staff of the personal information that is necessary to give effect to this request. I **may** choose to override this Notice by giving my consent in a specific circumstance. This request applies during the current school year unless I expressly revoke it.

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

Parent's Name: \_\_\_\_\_

(Please print)

Last name

First name

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

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

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Student: I am aware of my parent's wishes as expressed above. I understand that I am primarily responsible for the protection of my own privacy at school and at school activities and will take appropriate steps to do so.

Student Signature: \_\_\_\_\_

If you have questions about this notice or about the collection of student personal information, you may contact the school principal or the Superintendent's Office.

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



SCHOOL DISTRICT NO. 73 (KAMLOOPS/THOMPSON)

**TECHNOLOGY: STUDENT ACCEPTABLE USE  
STUDENT USE & CONSENT FORM – SECONDARY SCHOOLS**

**1. STUDENT USE OF DISTRICT TECHNOLOGY RESOURCES**

I understand and will abide by the “*Expectations for Students using District Technology Resources*”. I will use resources responsibly, respect the rights of others and will not use these systems for unethical or illegal activities. I further understand that any violation of the regulations is unethical and may constitute a criminal offence. Should I commit any violations, my access privileges may be revoked, school disciplinary action may be taken, and possible legal action may be taken. I understand that this document will remain in my school file for the school year.

Student’s Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student’s Signature: \_\_\_\_\_ Student ID# \_\_\_\_\_

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

**2. PARENT PERMISSION FORM FOR ACCESSING ELECTRONIC COMMUNICATIONS SYSTEMS**

I have read the attached “*Expectations for Students using District Technology Resources*”. I understand that my son/daughter may access District technology resource systems which allow him/her to access resources, communicate with others and to publish his/her work. I also understand that filtering or blocking software which may be applied to the district technology systems is not foolproof and cannot guarantee 100% effectiveness. I grant permission for my son/daughter to access the District technology resources and to publish his/her work until the completion of Grade 12.

- I grant permission
- I do not grant permission

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Parent/Guardian e-mail address: \_\_\_\_\_

Phone: \_\_\_\_\_

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

***PARENTS HAVE THE RIGHT TO REVOKE THE ABOVE PERMISSIONS AT ANY TIME  
BY CONTACTING THE SCHOOL AND COMPLETING AN UPDATED FORM***

Engage  
Encourage  
Excel



**BARRIERE  
SECONDARY**

# BARRIERE SECONDARY SCHOOL

*SCHOOL DISTRICT NO. 73 (KAMLOOPS/THOMPSON)*

Box 130, 4811 Barriere Town Road

Barriere, BC V0E 1E0

Phone: (250) 672-9943 Fax: (250) 377-2254

## LOCKER POLICY

We are pleased to offer you the use of a school locker while enrolled at Barriere Secondary School. With use of this locker the following guidelines apply:

1. The locker assigned to you is for your use only. No one's personal belongings should be kept in your locker.
2. You can use a combination lock to keep your belongings safe, but the combination must be given to your homeroom teacher. If your combination is not recorded, then it may be necessary to cut off your lock to gain access to your locker.
3. The following contraband items cannot be kept in your locker: anything deemed by the school to be dangerous (such as non-prescribed drugs, alcohol or stolen property). If these items are found to be in your locker the school administration and/or RCMP will seize them and appropriate disciplinary action will be taken.
4. Occasionally the RCMP may visit the school with police dogs. If any of the above items are detected, the RCMP and school administration will open and inspect your locker.

If you agree to accept the use of a school locker, please sign below. A copy of this contract will be filed in the office and a copy will be sent home for your parent's/guardian's. The policy will also be posted in the school locker areas and homerooms.

I have read and understand the Locker Policy explained above. I understand that by accepting the use of a school locker, I may be subject to locker searches by the school administration or the RCMP. I agree to follow this locker policy.

Student Name

Student Number

Signature of Student

Date





## SCHOOL DISTRICT NO. 73 (KAMLOOPS/THOMPSON)

1383 - 9th Avenue Kamloops, B.C. V2C 3X7 - Telephone: (250) 374 0679 - Fax: (250) 372 1183

To participate in the communication of a FreshGrade digital portfolio, this form must be completed and returned to the school.

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

School: Barriere Secondary

FreshGrade is a “digital portfolio” app that provides a platform for student portfolios to be shared with parents instantly on a smartphone, tablet, or computer. The student portfolios may contain personal information such as name, school, grade, marks for assignments, student work, photos, or audio/video recordings of the student and/or his/her work.

In order for parents to access FreshGrade, the School District needs a parent email address. The School District is required by the *Freedom of Information and Protection of Privacy* to obtain the consent of students and their custodial parents before the digital portfolio can be sent to the parent’s email address. In accordance with this *Act*, students and custodial parents may provide consent or decline to consent (in which case the student’s work will not be shared with FreshGrade), and may provide a further written response.

It is important to be aware that FreshGrade is an online service that is hosted securely inside of British Columbia and Canada. Information in parent email accounts may or may not be located on secure servers located outside of Canada. While stored outside the country, information in the email may be subject to the laws of foreign jurisdictions including, in the United States, the USA Patriot Act. Privacy legislation requires that we inform you of this and obtain your consent to this arrangement.

### Consent:

I understand that my (if student is signing) information or my child’s (if parent is signing) information will be sent to me at the email address provided. This consent will be considered valid from the date at which it is signed until which point the student named below is no longer a student within the School District, unless at any subsequent time the consent is revoked with written notice delivered to the School District.

Student Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian email address: \_\_\_\_\_



## SCHOOL DISTRICT NO. 73 (KAMLOOPS/THOMPSON)

1383 - 9th Avenue Kamloops, B.C. V2C 3X7 - Telephone: (250) 374 0679 - Fax: (250) 372 1183

September, 2017

Re: Access to student Google Apps for Education accounts

To: Parents/Guardians,

It is an exciting time for teaching and learning in our School District as we pursue our goal of helping all students to develop the skills to become learners, thinkers, innovators, collaborators and contributors. As we pursue our educational goals, we recognize the importance of creating 21st Century learning environments that provide tools for students that are relevant to their daily lives. To that end, we are committed to providing all students access to digital technologies that will empower their learning and better prepare students to thrive in an increasingly digital world.

As a result, Kamloops/Thompson School District 73 has been working with Google Apps for Education (GAFE) to create a digital collaboration system. GAFE is designed specifically for universities and K-12 school districts and provides access to their files, in a collaborative way, anytime and anywhere, in a secure, private and ad-free environment, with more control and protection than an individual Google/Gmail Account. GAFE is currently used by hundreds of school districts and post-secondary institutions, with tens of millions of student accounts around the world.

As a BC school district, we are subject to the *BC Freedom of Information and Protection of Privacy Act*. In order for students to use GAFE, we will need to provide Google with their names, schools and grade levels, as well as documents or information created within, or uploaded onto, the SD73 GAFE platform (see consent form for more details). In accordance with the Act, attached to this letter you will find a consent form that will permit us to disclose such information in order to give students access to this system. This letter of consent is to ask permission for your child to be granted an SD73 Google Apps for Education account for educational purposes. You may withdraw your consent in writing at any time. If you choose not to provide your consent, your child will not be penalized in any way and alternate activities will be provided as appropriate.

Once consent is obtained, your student's classroom teacher will provide further instructions on how to access the GAFE system. If you have further questions, please visit our SD73 GAFE information site at: <http://sd73.bc.ca/gafe>, or do not hesitate to contact me at the school.

Sincerely,

A handwritten signature in black ink, appearing to read "Paul Hembling", is written over a horizontal line.

Paul Hembling  
Principal - Barriere Secondary

"Working together for quality public education."



## SCHOOL DISTRICT NO. 73 (KAMLOOPS/THOMPSON)

1383 - 9th Avenue Kamloops, B.C. V2C 3X7 - Telephone: (250) 374 0679 - Fax: (250) 372 1183

The use of the Google Apps for Education service is not an educational requirement for students. Should you choose not to provide your consent, your child will not be penalized in any way and alternate activities will be provided, as appropriate.

### Consent:

I understand that my (if student is signing) information or my child's (if parent is signing) information will be used for Google Apps for Education. This includes information collected by School District #73 for the purposes of creation/use of individual GAFE accounts. SD73 may also collect personal information about students that is potentially shared by other students related to the use of GAFE (ie: group projects, videos, shared calendar events, etc.).

For questions regarding the collection of personal information for use in SD73 GAFE accounts, please contact Shayne Olsen, Associate Superintendent Human Resources, 1383 9th Ave, Kamloops, BC, 250-374-0679.

I hereby acknowledge that my child and I have read and understood the School District's Policy on the Use of Google Apps for Education.

<https://sites.google.com/a/gedu.sd73.bc.ca/sd73gafe/privacy/acceptable-use-guidelines>

This consent will be considered valid from the date at which it is signed until 12 months after the point the student named below is no longer a student within the School District, unless at any subsequent time the consent is revoked with written notice delivered to the School District.

Student Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_