



Oak Bay Secondary Student Information Verification

Pupil No.:

Homeroom:

Teacher:

Student

Legal Last Name	_____	Home phone	_____	Unlisted	<input type="checkbox"/>
Legal First Name	_____	Student e-mail	_____		
Legal Middle Name(s)	_____	RR Number/PO	_____	Family Courier	<input type="checkbox"/>
Usual Last Name	_____	Street Address	_____		
Usual First Name	_____	City	_____	Prov	_____
Usual Middle Name(s)	_____	Mailing Address (if different than property address)	_____		
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	Street Address	_____		
Date of birth	_____	RR Number/PO Box	_____		
Personal Health No.	_____	City	_____	Prov	_____
Previous School Name	_____	District	_____	City	_____

PARENT / GUARDIAN INFORMATION

Last. First name _____

Relationship _____

Male Female Parental authority or guardian

Can pick up Lives with student

Receive mailings Receive email

Receive autodialer calls Has portal access

Home phone _____

Work Phone _____

Cell Phone _____

Property Address (if not living with student)

Street Address _____

RR Number/PO Box _____

City _____ Prov _____ PC _____

Mailing Address (if different than student / property address)

Street Address _____

RR Number/PO Box _____

City _____ Prov _____ PC _____

E-mail Address _____

PARENT / GUARDIAN INFORMATION

Last. First name _____

Relationship _____

Male Female Parental authority or guardian

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Street Address _____

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EMERGENCY CONTACT INFORMATION (contacted if parents can't be reached, listed in the order they are to be called)

Emergency Contact 1	_____	Home phone	_____	Work Phone	_____
		Cell Phone	_____	Relationship	_____
Emergency Contact 2	_____	Home phone	_____	Work Phone	_____
		Cell Phone	_____	Relationship	_____
Emergency Contact 3	_____	Home phone	_____	Work Phone	_____
		Cell Phone	_____	Relationship	_____
Out of district contact	_____	Home phone	_____	Work Phone	_____
		Cell Phone	_____	Relationship	_____

SIBLING INFORMATION

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

STUDENT LEGAL ALERTS Court order on file?

Description _____

STUDENT MEDICAL ALERTS Life Threatening? Doctor's Name _____ Phone _____

Description _____

OTHER STUDENT ALERTS - Health, family or other informational

Description _____

CITIZENSHIP (country) _____ Visa Status _____ Expiration _____

LANGUAGE At Home _____ Most Used _____ First _____

ABORIGINAL ANCESTRY Metis Inuit Status-On Reserve Status-Off Reserve Non-

Band of Origin _____ Band of Residence _____ Status No. _____

The information on this form is collected under the authority of the School Act, Section 13 and 79. The information provided will be used for educational program and administrative purposes, and when required, may be provided to health services, social services or support services as outlined in Section 79(2) of the School Act. The information collected on this form will be protected consistent with the Freedom of Information and Protection of Privacy Act. If you have any questions about the information recorded on this form, please contact your School Administrator.

Parent / Guardian Signature _____ Date _____

Notice to Parents and Students: **Outside Media in Schools Consent** 2019/2020

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

Student's Name: (Last) _____ (First) _____
(please print)

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 or 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.

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.

For Parents: I acknowledge receipt of this Notice and hereby give my consent.

If I have questions, I will contact the School District Superintendent's Office.

Date: _____

Parent's Name: (Last) _____ (First) _____
(please print)

Parent/Guardian* Signature: _____

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

If you **do not** want your child to be involved in such activities, you need to:

- Tell your child to avoid these situations
- Tell your child's teacher of your wishes
- Complete and return the following form to ask the school and school district to take reasonable steps to avoid this type of publication of your child's name, image or personal information by outside media.

NOTE: The following is to be completed only if you wish to register an objection to publication of your child's personal information by outside media at school events.

I **DO NOT WANT** my child's image or 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: (Last) _____ (First) _____
(please print)

Parent/Guardian* Signature: _____

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

Telephone No.: _____ Email: _____

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

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 is effective for the 2019/2020 school year up to and including September 30, 2020

SCHOOL DISTRICT NO. 61 (GREATER VICTORIA)
"BLANKET" CERTIFICATE OF PARENTAL AUTHORITY
FOR SCHOOL FIELD TRIPS

The classroom curriculum is significantly enriched and expanded when students visit and observe for themselves certain aspects of community life and the natural environment. School field trips provide these valuable educational experiences and are planned as an enriched part of the total school program.

Regulations are in place governing the number of supervisors who will accompany students on each school field trip. Every reasonable precaution will be taken to ensure the safety of students.

Should a school field trip be planned which would exceed one day or in which there might be more than normal risk or difficulty of supervision (i.e. ski trip, day at beach), you will be informed with more details and asked for specific approval for that field trip.

BLANKET CERTIFICATE OF PARENTAL AUTHORITY
FOR SCHOOL FIELD TRIPS

NAME OF SCHOOL

DATE

- I give permission for my son/ daughter/student to participate in school field trips for the school year. I understand that I will be notified of all field trips to be taken.
- I prefer to give separate written permission for each field trip my son/daughter/student may attend.

September 20__ to June 20__

NAME OF STUDENT

SIGNATURE OF
PARENT/GUARDIAN

This form will be kept on file in the school
for the school year specified.

The Greater Victoria School District No. 61
Personal Information Consent Form 2019/2020



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

Student's Name: (Last) _____ (First) _____
(please print)

School: _____

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.

In accordance with the BC Freedom of Information and Protection of Privacy Act, the Board of Education of School District No. 61, Greater Victoria, is seeking your consent to collect, keep, use and share photographs, videos, images including student publications and/or artwork 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, news releases, yearbooks, 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 complete A i) and/or ii) OR B (but not both A and B)

- A. i) _____ I GIVE MY CONSENT for the school or District to collect, use, and share my child's name for purposes consistent with the above. I understand that information posted on the internet may be stored and accessed outside of Canada. First name only First and last name
- ii) _____ I GIVE MY CONSENT for the school or District to collect, use, and share my child's image (including student publications and artwork) for purposes consistent with the above. I understand that images 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 (2020).

- 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.

**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.*

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

This form is effective for the 2019/2020 school year up to and including September 30, 2020

STATEMENT OF DEPOSITS AND COSTS

OAK BAY HIGH SHOOOL 2019 - 2020

Student Activity Cost: \$30 - optional

The Student Activity Cost is used to provide extra-curricular programs and student activities at the school. A portion of this money goes to fund Athletics, Fine Arts, Student Clubs and the "My Oak Bay" App for students. Student government and student activities cannot operate without this optional fee.

Athletics Participation Fee: \$40 - optional

Students participating in an athletic sport are asked to pay a participation fee. This fee will help towards the costs of running the athletics programs and assist with replacement of equipment and uniforms for athletics teams.

Textbook Deposit: \$20 - Not to be paid by returning students - this is a onetime payment

A refundable deposit required from all new Oak Bay students. This deposit is for the replacement of educational resource materials such as textbooks, reused workbooks, novels and other resource materials. This deposit will be refunded, all or in part, upon the return of the educational resource material when the student graduates or withdraws from Oak Bay.

Lock/Locker Cost: \$7 - Not to be paid by returning students - this is a onetime payment

Students pay this once upon entry to Oak Bay at any grade level. This non-refundable rental includes the use of a locker and mandatory school issued combination lock for student's time at Oak Bay High School.

School Yearbook: \$55 Early Bird Cost to November 10, 2019, \$65 thereafter - optional

Yearbooks are ordered early in the school year to ensure delivery before year end. This is an optional purchase for students.

Emergency Preparedness: \$5 - optional

The Emergency Preparedness donation allows us to continue to outfit and supply our Earthquake and Emergency kiosk on the property. Potable water, first aid and rescue supplies and equipment and nutritional supplements are our priorities at this time.

PAC Donation: \$20 - Optional

PAC is seeking a voluntary donation of \$20 per student. Funds raised will supplement the money currently provided to the PAC by the BC Gaming Commission, and will expand the type of initiatives PAC is able to fund. Should you wish to contribute more than the suggested amount, please contact Ms. K Adams in the school accounts office at kadams@sd61.bc.ca.

Optional Project Costs:

- There will not be any course charges simply because the student has elected to take a particular course.
- Students will not be required to pay for basic materials for projects which are necessary to meet course requirements. Under Board Policy, students may only be charged for projects with material costs that enhance the prescribed learning outcomes of the course.
- Students who elect to use superior materials, work beyond basic projects, or work on projects they own may be charged for the additional cost or asked to bring their own materials.
- From time to time, students may also be charged for the cost or optional field trips in both curricular and non-curricular areas. No student will be denied access to the opportunity to participate because of an inability to pay. Please contact the Principal or Vice Principal if finances are an issue and a solution will be worked out. Privacy will be protected.
- Deposits may be required for textbooks, reusable workbooks, novels and other resource materials. This is specifically permitted under Section 82 of the School Act. Such deposits are refundable if the materials are returned in good condition.
- Students are responsible for providing their own basic supplies, such as pens, paper, CD's, USB's, appropriate personal clothing and safety equipment. There may be charges for these supplies if they are provided to the student by the school.

PAY ONLINE, at sd61.SchoolCashOnline.com, OTHERWISE, PLEASE COMPLETE THE FORM BELOW, AND RETURN WITH PAYMENT IN A SEALED ENVELOPE: ATTN. ACCOUNTS. PAYMENT BY CASH OR CHEQUE PAYABLE TO "OAK BAY HIGH SCHOOL"

STUDENT NAME: _____

ADVISORY: _____

STUDENT NUMBER: _____

STUDENT ACTIVITY COST (ST0C)	_____	\$30.00
ATHLETICS PARTICIPATION FEE (SC0L)	_____	\$40.00
TEXTBOOK DEPOSIT <u>(New Students Only)</u> (ST0F)	_____	\$20.00
LOCKER <u>(New Students Only)</u> (ST0F)	_____	\$7.00
YEARBOOK (ST0J)	_____	\$55.00
EMERGENCY PREPAREDNESS (SC0C)	_____	\$5.00
PAC DONATION (PA5A)	_____	\$20.00

TOTAL: _____



STUDENT(S) EMERGENCY RELEASE FORM

LAST NAME

STUDENT(S) IN THE SCHOOL

	ABSENT	PICKED UP	OTHER
Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PARENT/LEGAL GUARDIAN:

RELEASED TO

First Name: _____ Last Name: _____

Home Address: _____ Phone () _____

Cell Phone: () _____ Email: _____

PARENT/LEGAL GUARDIAN:

First Name: _____ Last Name: _____

Home Address: _____ Phone () _____

Cell Phone: () _____ Email: _____

OUT OF AREA CONTACT:

Name: _____ Home Phone: () _____

Cell Phone () _____ Email: _____

MEDICAL ALERT:

SPECIAL INSTRUCTIONS FOR STAFF:

PARENTS/AUTHORIZED GUARDIANS:

1. Please go to the Release Gate [2].
2. Give this part of the form to a staff member at the gate.
3. Please wait at the Release Gate [2], a staff member will locate the student(s) and bring them to you.

ONCE YOU HAVE THE STUDENT(S) PLEASE EXIT THE SCHOOL GROUNDS. THANK YOU FOR YOUR PATIENCE.

School Use Only

In the event of a significant emergency, or disaster, the school may implement an **Emergency Reunification** of students for their safety and well-being. Should this be necessary, the school will only release your child(ren) to persons authorized on this form, or if necessary to medical personnel.

RELEASED TO

AUTHORIZED GUARDIANS:

First Name: _____ Last Name: _____
Home Address: _____ Phone () _____
Cell Phone: () _____ Email: _____

First Name: _____ Last Name: _____
Home Address: _____ Phone () _____
Cell Phone: () _____ Email: _____

First Name: _____ Last Name: _____
Home Address: _____ Phone () _____
Cell Phone: () _____ Email: _____

First Name: _____ Last Name: _____
Home Address: _____ Phone () _____
Cell Phone: () _____ Email: _____

FOR SCHOOL USE ONLY
AUTHORIZATION FOR STUDENT(S) RELEASE

PICTURE ID: CONFIRMED NOT AVAILABLE ID VERIFIED BY STAFF

DESTINATION: _____ TIME: _____

STAFF SIGNATURE: _____

PARENT/GUARDIAN SIGNATURE: _____

RELEASED TO: _____ Parent Authorized Guardian

Student's Full Name: _____ A - Z: _____ Div: _____

Student's Full Name: _____ A - Z: _____ Div: _____

Student's Full Name: _____ A - Z: _____ Div: _____

Student's Full Name: _____ A - Z: _____ Div: _____