



School District No. 60 (Peace River North)

c/o 9304 – 86 Street Fort St. John, British Columbia
Canada V1J 6L9

Phone: 1 (250) 784-4429 Fax: 1 (250) 785-4687
Website: www.npss.prn.bc.ca

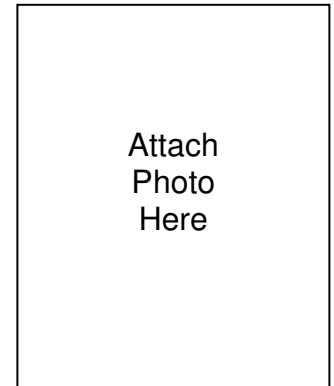


APPLICATION FORM

Date of Application: _____

I am applying for start date: September, _____
(Year)

I am applying for start date: February, _____
(Year)



PERSONAL INFORMATION:

Male Female

Applicant's Name:

Family Name (Surname) Given Name (First Name) Middle Name(s)

Birthdate: _____
(Year / Month / Day)
Example: 1986 / 12 / 04)

Current Age: _____ Years Old
(At time of Application)

Medical Information:

Yes	No	Yes	No	Yes	No
Allergies, if yes please state on line above		Chronic Medical Condition, if yes please state on line above		Mental Health issues, if yes please specify	

Student's Current Address:

Street

Telephone (Home)

City

Telephone (Other)

Country

Postal / Zip (if applicable)

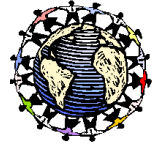
E-Mail Address

Country of Birth: _____

Citizenship: _____



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Website:

Name of Parent(s):

_____	_____	_____
Family Name (Surname)	Given Name of Father	Given Name of Mother
	_____	_____
	yyyy/mm/dd	yyyy/mm/dd

Father's Current Address: Same as Student

If different please provide details below

Street _____	Telephone (Home) _____
City _____	Telephone (Other) _____
Country _____	Postal / Zip (if applicable) _____
	E-Mail Address _____

Mother's Current Address: Same as Student

If different please provide details below

Street _____	Telephone (Home) _____
City _____	Telephone (Other) _____
Country _____	Postal/Zip (if applicable) _____
	E-Mail Address _____

Emergency Contact Information: must be different from father and mother

Name _____	Telephone (home) _____
Relationship to Student _____	Telephone (cell/mobile) _____



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Application Form – Part 2

Academic Information:

I am currently enrolled in Grade _____ at: _____
(Name of Educational Institution)

I Graduated from Grade 12 in _____ from: _____
(Year) (Name of Educational Institution)

When I have complete this program I intend to: (check one)

- Apply to a Canadian university or college
- Apply to a university or college in my home country
- I will not be applying to a university or college
- Other plans _____

Please make your course selections on the sheets that accompany this application.

The following documents must accompany this application form, must check all:

- Official transcripts or certified true copies of FINAL report cards for the previous two (2) years.
- Proof of age (copy of birth certificate or passport)
- Passport Photo
- Application Processing Fee of \$200.00 (in Canadian Currency)
- Immunization records - please refer to attached schedule requirements

Immunization Schedule for B.C. Infants and Children

Vaccine	2 Months	4 Months	6 Months	12 Months	18 Months	Starting at 4 Years of Age (Kindergarten Entry)
Chickenpox (Varicella) Vaccine (#44b) ¹				<input checked="" type="checkbox"/>		
Diphtheria, Tetanus, Pertussis, Hepatitis B, Polio, and Haemophilus influenzae type b (DTaP-HB-IPV-Hib) Vaccine (#105)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Diphtheria, Tetanus, Pertussis, Polio, Haemophilus influenzae Type b (DTaP-IPV-Hib) Vaccine (#15b)					<input checked="" type="checkbox"/>	
Hepatitis A Vaccine (#33) Indigenous children only			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Inactivated Influenza (Flu) Vaccine (#12d) ²			<input checked="" type="checkbox"/> Annually for children 6 months to 4 years of age			
Measles, Mumps, Rubella (MMR) Vaccine (#14a)				<input checked="" type="checkbox"/>		
Measles, Mumps, Rubella and Varicella (MMRV) Vaccine (#14e) ¹						<input checked="" type="checkbox"/>
Meningococcal C Conjugate (Men-C) Vaccine (#23a)	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Pneumococcal Conjugate (PCV 13) Vaccine (#62a)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Rotavirus Vaccine (RotaTeq®) (#104)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Tetanus, Diphtheria, Pertussis, Polio (Tdap-IPV) Vaccine (#15a)						<input checked="" type="checkbox"/>

Note: The vaccine schedule can change. Speak with your health care provider, or call **8-1-1** if you have questions. This immunization table was developed and reviewed by HealthLinkBC, BC Ministry of Health and BC Centre for Disease Control.

² Annual influenza immunization is recommended and provided free to children 6 months to 4 years of age. For children receiving an influenza vaccine for the first time, a second dose is recommended 4 weeks after the first dose.

¹ Children who have had chickenpox or shingles disease, confirmed by a lab test, at 1 year of age or older do not need the chickenpox vaccine, and should get the MMR vaccine at 4 years of age.



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Refund Policy

- ◆ The Application Processing Fee of \$200.00 (in Canadian Currency) is non-refundable, regardless of whether or not the applicant is approved for acceptance.
- ◆ In the event that authorization for study is not approved by Canada Immigration, a full refund of tuition fees, (less the \$200.00 application processing fee) will be paid, providing the School District is notified prior to the start of the program.
- ◆ Granting of Refunds after the start of a program will be at the sole discretion of the School District. A written reason for withdrawal must be submitted for consideration.
- ◆ No refund will be provided if the student is asked to leave the program as a consequence of violation of the Participation Agreement.
- ◆ It is a fundamental condition of the Board of Education of School District #60 (Peace River North) agreement to provide your education that the Board shall not be liable for losses or expenses that may incur as a result of the Board being unable to provide education due to labour disputes or other causes beyond its control.

I have read and fully accept the terms of the Refund Policy.

Signature of Student

Signature of Parent

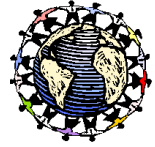
Date

Date



School District No. 60 (Peace River North)

International Dept:
9304 – 86 Street
Fort St. John, British Columbia
Canada
V1J 6L9
Phone: 1 (250) 784-4429 Fax: 1 (250) 785-4687
Website: www.npss.prn.bc.ca



Homestay Questionnaire

1. Name: _____

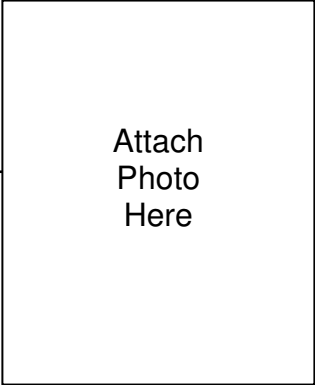
Family/Surname

First Name

2. Date of Birth: ____/____/____ Age: ____

year/month/ day

Gender: Male Female



3. E-mail Address: _____ Instagram: _____ Facebook: _____

4. Grade Level of Study: _____

5. How many members are in your family including you and your parents? _____

Number of sisters _____ Number of brothers _____

6. Have you ever traveled outside of your home country? Yes No

If yes, where and when? _____

7. Do you smoke? Yes No

8. If you do not smoke, do you want a non-smoking host family, if possible?

Yes No Does not matter

9. Do you have allergies (cats, dogs), are you on medication, or require a special diet? Yes No

If Yes, please explain:



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International Dept
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Fax: 1 (250) 785-4687

Homestay Questionnaire cont'd

10. How would you describe your personality? **Outgoing** **Quiet**

11. Hobbies and Interests: **check a few of your favourites**

- | | | | |
|------------------|------------------|----------------|--|
| Baseball | Gardening | Sightseeing | Other: Type additional
below: |
| Basketball | Golf | Singing | |
| Boating | Hiking | Skating | |
| Camping | Hockey | Skiing | |
| Canoeing | Horseback Riding | Soccer | |
| Cooking | Martial Arts | Swimming | |
| Computers | Movies | Tennis | |
| Cycling | Music | Travel | |
| Dance | Painting/Drawing | T V | |
| Drama | Photography | Volleyball | |
| Fishing | Playing cards | Writing/Poetry | |
| Fitness Training | Reading | Youth Club | |



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12. How are your English skills?

You can say and hear simple English words and expressions.

You can make others understand your wants and needs.

You can have easy conversations where you describe things.

You can talk about a wide range of topics.

13. What kinds of things would you be willing to share or teach about your culture?

14. Is there anything else that we should know about you that would help in your homestay placement?

15. Is there anything that you would really like to try while you are in Canada?

16. Would you prefer:

- living without children?
- living with younger children?
- living with older children?
- living with other international students?
- living with pets?
- no preferences – I am open and flexible

17. Please attach a letter and pictures about yourself for your new host family.

18. Parents are also invited to write a letter.



School District No. 60 (PEACE RIVER NORTH)

10112 105 Ave. Fort St John, British Columbia V1J 4S4

Ph: (250) 262-6000

Fax: (250) 262-6046

International Student Agreement

Please review this document carefully. This document creates a legally binding agreement for participation in the Board of Education of School District No. #60 (Peace River North)'s International Programs.

INTRODUCTION:

The Board of Education of School District No. # 60 (Peace River North) (the "School District"), wishes to provide a challenging and exciting program to students studying in our International Programs. This Agreement sets out the terms on which a student is accepted into the program and the obligations on those students and their families.

GENERAL CONDITIONS

When this agreement is binding:

This Agreement is not binding upon the School District until it is signed by a parent or guardian of the student, the student applying for admission is accepted by the School District, an offer of admission has been made to the student by the School District and tuition fees are paid in accordance with the condition stated in the acceptance letter.

Placement

While the School District takes into consideration requests for placement at a particular school, the final decision on any placement is determined solely by the School District, taking into account space availability and the appropriate program for the student based on the School District's assessment.

What I am agreeing to:

1. I agree that as a condition of participating in the School District's International Programs that my child:
 - a. must comply with the laws of Canada and British Columbia;
 - b. must comply with the School and School District Rules, Policies and Code of Conduct including the School District Network and Internet Appropriate Use as per Board Policy 4001 located at www.prn.bc.ca/policy as amended from time to time;
 - c. must comply with the terms of this International Student Agreement;
 - d. must not use drugs or alcohol or smoke;
 - e. must not drive a motor vehicle;
 - f. must, if my child is participating in a Homestay, comply with all Homestay terms set out in this Agreement, obey family rules and show respect for members of the Homestay family;
 - g. must not change Homestay arrangements without the consent of the District Principal of International Education, Mr. Brian Campbell;
 - h. must attend all registered classes in the International Program, unless unable by reason of illness or injury and must provide a note from a Parent, guardian or Homestay family for any absences;
 - i. must not withdraw from courses without consent of school officials;
 - j. must complete homework as assigned;
 - k. must not travel outside of the North Peace Region of B.C. unless accompanied by an adult of at least 25 years of age or as part of the International Program; and
 - l. must maintain an up-to-date Citizenship and Immigration Canada Study Permit.

Custodian

2. I understand that as a condition of my child studying in Canada, Citizenship and Immigration Canada may require the appointment of a custodian for my child. I understand and agree that if my child remains in Canada following the conclusion of the school year or educational program in which my child is enrolled, it is my responsibility to obtain a suitable replacement custodian for my child.

My representations:

3. I represent to the School District that my child has no history of engaging in criminal behaviour or sexual misconduct.
4. I know of no reason why my child cannot successfully participate in the School District's International Program.
5. I understand that Canada is a culturally diverse country and that my child will be expected to respect people of other genders, races, religious and cultural backgrounds.
6. I understand and agree that any information included in my child's application for participation in the International Program in School District No. 60 (Peace River North) is incorporated into and forms part of this agreement and I represent that it is true.
7. In the event of a student leaving our program voluntarily or otherwise, before the completion of their Letter of Acceptance term in our District, the following terms will apply for the custodianship duties of Brian Campbell:

Brian Campbell, as an employee of School District 60, Peace River North, Fort St John, BC, Canada, hereby solemnly declare that I will undertake the full custodianship for the said student, during his/her studies in School District 60, Peace River North, while under the age of majority in the Province of British Columbia. As custodian, I have made necessary arrangements for the care and support of the said student in place of the parents, as appropriate. By signing this custodian agreement, I certify that I reside within reasonable distance of the student's intended residence and school and will be able to fulfill my obligations as a custodian in the event of an emergency. Should the said student be expelled from our program, or depart for another program or depart for any other personal reason before the completion of their time in our school district, my obligations as custodian will immediately end/cease in all regards on the date of departure from our District educational program.

Signature of birth parent(s) for said student

Signature of Brian Campbell

How this agreement can be ended:

8. I agree that the School District may end this agreement at any time, without notice and without refunding any tuition paid, and may send my child home at my expense if:
 - a. any information in my child's application for admission is untrue;

- b. my child breaches any of the obligations set out in paragraph 1; or
- c. my child is unable to perform or is not performing to a reasonable academic standard

Fee Schedule and Refund Policy

9. Fees and payment terms for participation in the International Student Program are included in the student acceptance package. Additional fees apply for participation in the Homestay program, as well as for various incidentals, including Airport Transfers, field trips, and extracurricular activities.
10. In the event that my child does not come to Canada or decides not to attend or leaves the School District's International Program, I agree that the following terms will apply:
 - a. Application fees are non-refundable in any circumstance.
 - b. Cancellation of registration prior to the first day of class: 50% of the first semester's tuition less commission paid on the first semester.
 - c. Cancellation of registration after classes begin, but before the 10th day of class: 25% refund of the first semester's tuition less commission paid on the first semester.
 - d. Cancellation of registration after the 9th day of class: No refund.
 - e. No refund will be granted if the student is found to be in violation of the rules and regulations of the program and SD #60 and is, as a result of this violation, removed from the program. Students will be sent home at the student's expense by the first available transport.
 - f. No refund will be granted if it is found that the student obtained admission to the SD #60 International Student Program under false pretenses or with forged documents. Any inaccuracy in the application submission is grounds for the District to terminate the agreement and send the student home without refund at the parent's own expense.
 - g. The Peace River North School District (#60) is not liable for losses/expenses that may incur as a result of the District being unable to provide education owing to labour disputes, inclement weather conditions or other causes beyond its control.
 - h. If the student's education needs are greater than disclosed on the application, the District reserves the right to charge for extra support if such support is available.
 - i. Students who cancel their registration before they arrive at School District # 60 will receive a 100% refund on pre-paid tuition beyond the first semester less any commission paid on that tuition.

- j. Application Fee, Homestay Finding Fee and Student Fee: No refund. Once a student arrives at SCHOOL DISTRICT #60, there will be no refund on pre-paid tuition beyond the current semester.
- k. First month's Homestay fee: No refund if cancellation occurs less than 30 days prior to the beginning of the semester. 100% refund if cancellation occurs 30 or more days before the start of the semester.
- l. In certain circumstances an international fee paying student may become eligible to become a non-fee paying student upon their parent or guardian becoming ordinarily resident in British Columbia. A student may only change their status from fee-paying to non-fee paying before September 30 of the applicable school year. No refund of tuition will be provided to any student whose status changes after September 30th of the applicable school year.
- m. Students who are denied a study permit from a Canadian Embassy are eligible for a 100% tuition, Homestay security deposit and first month Homestay refund.

Insurance

- 11. My child is obliged to, at all times, maintain adequate medical and health insurance while in Canada. International Students are required to enrol in medical insurance through the International Programs office for the entire duration of their program in the School District.

Assumption of Risk

- 12. I understand that there are risks associated with my child enrolling in the School District and that my child will not be under constant supervision. I understand that medical and health emergencies can occur without warning. I voluntarily assume the risk that my child may suffer illness, injury or another emergency and agree that I will not bring any claim against the School District or any of its employees for any injury suffered by my child while participating in the International Program.
- 13. I understand that my child may wish to participate in extracurricular activities such as sports teams, field trips, or school clubs. I give my permission for my child to participate in such extracurricular activities if the Custodian in their discretion considers such activity appropriate. However, I understand that the School District may determine not to allow my child to participate in high risk activities such as skiing, surfing, snowboarding, mountain climbing, kayaking or canoeing unless I also provide my consent to that activity.

Collection, Use and Disclosure of Personal Information

- 14. I understand that for the purposes of my child's participation in the School District's International Programs, the School District will collect, use and disclose personal

information about me and my child, including information about my child's health and education as well as contact information for me and my child. I understand that that information will be collected, used and disclosed for the purposes of offering and administering the International Programs as permitted by the British Columbia *Freedom of Information and Protection of Privacy Act* ("FOIPPA") and the British Columbia *School Act* and may be shared with school authorities, medical and social service providers, homestay providers, custodians and others as required.

Please initial and check one box below: _____

- Yes – I, _____ (print name) agree to the use of my and my child's personal information for purposes consistent with the above.
- No – I, _____ do not agree with the use of my and my child's personal information for purposes consistent with the above.

15. I agree that under FOIPPA, the School District has the legal authority to collect personal information about students and their families for educational and related purposes. The personal information collected by the School District may include images of identifiable students including class photos, individual photos, sporting, and special event photos. It is a tradition in the School District to publish student names and/or photographs of individual students and groups of students commemorating events, or promoting or celebrating participation in various educational, sports and cultural activities. Students' names, photographs and comments may be published in the School yearbook, newsletters, honour rolls, programs, calendars, annual reports, and the School or School District webpage. While such activities promote student achievement and accomplishments, the School District recognizes that there may be sensitivities to publishing such images where they name and/or identify students. Accordingly, I agree that my child's name, photograph or comments relating to these types of School activities may be used for these purposes.

Please initial and check one box below: _____

- Yes – I, _____, (print name) agree to the use of my child's personal information for purposes consistent with the above.
- No – I do not agree with the use of my child's personal information for purposes consistent with the above.

16. From time to time, teachers may use various websites and applications that store data outside Canada, such as Google Docs, Prezii, or NoodleBib. Parents and students must be aware that student information may reside on servers not located in Canada and their

consent is required to use such websites. Students are expected to use their school district-assigned email address and follow teacher guidelines when using website applications.

Parent please initial: _____

- Yes – I, _____, (print name) give my consent for my child, for learning purposes, to use website applications where servers are located outside Canada.
- No – I do not give my consent for my child, for learning purposes, to use website applications where servers are located outside Canada..

Termination of Participation in International Program

17. I understand that my child's participation in the International Programs may be terminated at the discretion of the Administrators of the International Program, without any refund of fees, and that my child may be sent home at my expense if he or she does not adhere to the School District rules, standards, and instructions as set forth in the school's agenda, handbook and this Agreement and any related policies or guidelines.
18. I agree that the School District is not liable for any loss suffered by my child or myself as a result of any labour dispute that may affect the delivery of an educational program.

TERMS THAT APPLY WHEN PARTICIPATING IN HOMESTAY PROGRAM

19. As a participant in the School District's International Program Homestay option, the terms and conditions set out in this part will apply.
20. Students may expect to be welcomed into the home with the spirit that they are new members of the Host Family. They will be invited to partake in family outings and other activities. They must be provided with reasonable use of the house and amenities. The term "reasonable" means that the visiting student should enjoy the same privileges and opportunities enjoyed by the Host Family's own children of similar age. In short, they will be treated like a member of the extended family.
21. The student is not responsible for purchasing their own linens, blankets, towels, etc.
22. The use of family toiletry articles, such as shampoo, soap, etc., is open to students, but, if they have special requests or needs in this area, they must pay for these themselves.
23. The student is responsible for all of their own mobile phone costs.
24. The use of the family television, Internet, stereo and other such household items is under the control of the Host Parents. If it should become apparent that the student should be

spending more time on study (as reflected in school marks, comments), use of these items may be restricted by the Host Parents.

25. The student will be provided basic Internet access at no cost, subject to reasonable limits on data usage.
26. The student will be provided with a key to the house.
27. The student will have access to laundry facilities.
28. The student understands that s/he is ultimately responsible for all of his/her own personal entertainment costs and personal supplies, including school stationary supplies.
29. The Host Family will provide a clean, orderly, pleasant and safe living environment for the student. The student will have a private bedroom with natural sunlight, a dresser, closet, lamp, and bed. The Host Family will not enter the student's bedroom without consent except in emergency circumstances, where there are concerns over the health or welfare of the student or when the student is not present. The student will not enter the bedrooms of any Host Family members without permission.
30. The student will have access to a private or shared bathroom that is clean and hygienic with adequate fixtures that are in good repair.
31. The Host Family will provide the student with written house rules.
32. The primary language spoken in the Host Family home will be English.
33. The Host Family is not responsible for housing the student's visiting family members (if any) during the course of the year unless otherwise agreed. The student will not invite visitors/friends into the home to visit or study unless given specific permission to do so by Host Family. The student will never have visitors/friends stay overnight in their bedroom or elsewhere without prior permission from the Host Family and Homestay Coordinator. The student will not stay overnight other than in the Host Family home without prior permission from the Host Parents and the Homestay Coordinator.
34. The student will share the same responsibilities to the Host Parents and to the general household as those held by the family's own children of similar age. The student agrees to follow all house rules regarding behavior, curfews, attendance at meals, etc. and to occasionally share in the performance of household duties normally undertaken by the household's own children.
35. The student understand that the Host Family will provide guidance and supervision to the student consistent with that which would be provided by a careful and prudent parent.

36. The School District may at any time change the Homestay arrangements, including, without limitation, moving the student to a different Host Family.

PROVISIONS THAT APPLY TO THIS ENTIRE AGREEMENT

Forum for Dispute Resolution

37. I agree that any dispute arising under the interpretation, application or performance of this agreement or in any way arising out of my child's participation in the School District's International Program will be resolved in a British Columbia Court and I agree that I will not bring proceedings in any other court or jurisdiction and irrevocably attorn to the jurisdiction of British Columbia courts.

Release

38. I waive and release all claims against the School District for injury, loss, damage, accident, delay or expense resulting from my child's participation in the School District's International Programs. I also release the School District and agree to indemnify it, with regard to any financial obligations or liabilities that the School District may incur as a result of claims by others, or that my child may personally have or incur, or any damage or injury to the person or property of others that my child may cause while participating in the International Programs.
39. I understand that the School District is not responsible for any loss or injury suffered by my child or myself. If my child becomes ill or incapacitated, the School District may take such actions as it considers necessary, including securing medical treatment and transporting my child home at his or her own expense. I release the School District from all liability related to such actions.

Consent to Medical Treatment

40. I authorize the School District and if applicable, my child's Homestay Parents, to consent to any x-ray examination, anaesthetic, medical or surgical diagnosis or treatment or hospital care which is deemed advisable by and is rendered under the general supervision of any licensed physician or surgeon, whether such treatment or diagnosis is rendered at the office of such physician or at a hospital.
41. It is understood that this authorization is not given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the School District to give specific consent to any and all such diagnoses, treatment or hospital care such physician may deem advisable.

Amendment

42. This Agreement with the School District, cannot be modified except in writing.

Acknowledgement of Understanding of Agreement

43. I understand that this agreement creates binding legal obligations on me. I have, either read and understood the terms of this agreement, or have had them fully explained to me by an individual fluent in English and in my first language.

Please Complete The Agreement Below:

I, _____, [PARENT/GUARDIAN (circle one)] AGREE TO THE PARTICIPATION OF _____ (NAME OF STUDENT) ON THE TERMS SET OUT IN THIS AGREEMENT AND I HAVE READ AND UNDERSTOOD THE TERMS OF THIS INTERNATIONAL STUDENT AGREEMENT AND AGREE TO COMPLY WITH THIS AGREEMENT AND THAT THESE TERMS AND CONDITIONS ARE BINDING ON ME AND ON _____ (NAME OF STUDENT).

DATE

I, _____, [PARENT/GUARDIAN (circle one)] AGREE TO THE PARTICIPATION OF _____ (NAME OF STUDENT) ON THE TERMS SET OUT IN THIS AGREEMENT AND I HAVE READ AND UNDERSTOOD THE TERMS OF THIS INTERNATIONAL STUDENT AGREEMENT AND AGREE TO COMPLY WITH THIS AGREEMENT AND THAT THESE TERMS AND CONDITIONS ARE BINDING ON ME AND ON _____ (NAME OF STUDENT).

DATE

I, _____, (NAME OF STUDENT) HAVE READ AND UNDERSTOOD
THE TERMS OF THIS INTERNATIONAL STUDENT AGREEMENT AND AGREE TO COMPLY WITH
THIS AGREEMENT AND THAT THESE TERMS AND CONDITIONS ARE BINDING ON ME.

DATE



School District No. 60

PEACE RIVER NORTH

10112 - 105 Avenue, Fort St. John, British Columbia V1J 4S4 Phone: (250) 262-6000 Fax: (250) 262-6046
OFFICE OF THE SUPERINTENDENT OF SCHOOLS

DISTRICT ADMINISTRATION OFFICE

Dear Parent/Guardian

To ensure that we comply with the Freedom of Information and Protection of Privacy legislation, and your wishes as parents/guardians, we ask that you read the following information carefully.

The legislation states that all photographs, names, or anything else that identifies an individual or an individual's personal information are protected. From time to time, within the context of a school setting, your child's name and/or photograph may be used in a variety of ways. This may include things such as media releases, newsletters, parent advisory council lists, academic and/or athletic achievements, yearbook productions and other school-related activities. Such uses may result in the release of your child's name and/or photograph to the school community as well as the general public.

****It is important to note that although the list above represents typical uses, it is not all inclusive. The school will not provide names and/or photographs for business or commercial purposes.**

Please sign and check the statement that expresses your wishes:

I have read the information above and understand that there are a variety of uses that may be made of my child's name and/or photograph in the context of a school setting.

_____ I give my permission for _____
(child's full name)
to be included in lists, publications and/or media coverage.

_____ I do not give permission for _____
(child's full name)
to be included in lists, publications and/or media coverage.

Parent/Guardian's Signature (student if 19+ years)

Printed name

Date

SD60 OFF-SITE ACTIVITY(IES) for International Students
CONSENT OF PARENT/GUARDIAN AND ACKNOWLEDGEMENT OF RISK (Higher Care Trip)

Dear Parent/Guardian,

Please read through the following carefully. If you have any questions, contact the District Principal of the International Student Program at bcampbell@prn.bc.ca before signing this form. ***If this form is not signed and returned to the school by the first day of attendance in SD60, your child WILL NOT BE ALLOWED TO PARTICIPATE in these activity (ies).***

PROGRAM/ACTIVITY INFORMATION

DESTINATION/ACTIVITY: **(please check those activities/destinations you consent to your child participating in/attending)**

- | | | | |
|---------------------------------------|--|--|---|
| <input type="checkbox"/> Hiking | <input type="checkbox"/> Swimming | <input type="checkbox"/> Skiing/Snowboarding | <input type="checkbox"/> Mountain biking |
| <input type="checkbox"/> Camping | <input type="checkbox"/> Go-Karting | <input type="checkbox"/> Rock climbing | <input type="checkbox"/> Ice Skating/Hockey |
| <input type="checkbox"/> Snowmobiling | <input type="checkbox"/> Skateboarding | <input type="checkbox"/> Horseback Riding | <input type="checkbox"/> Fishing |
| <input type="checkbox"/> Sailing | <input type="checkbox"/> Canoeing | <input type="checkbox"/> Golfing | <input type="checkbox"/> Curling |

DATE(S): **During the academic school year**

PURPOSE OR EDUCATIONAL GOAL(S): **Cultural activities for international students and/or entertainment**

METHOD OF TRANSPORTATION: **Bus or Host Parent vehicles**

LEAD TEACHER: **SD60 approved supervisor**

TOTAL NO. OF SUPERVISORS PLANNED: **1 adult to 14 students**

COST TO THE STUDENT: **varies from free to \$200 or more (approximately, depending on activity)**

BOARD RESPONSIBILITIES

The board will make every reasonable effort to ensure or ascertain that:

- a. The staff, volunteers and/or service providers involved are suitably trained and qualified.
- b. The students are adequately supervised over all aspects of the program/activity.
- c. The location(s) used are appropriate and safe for the activity (ies) and group.
- d. Equipment used has been inspected and deemed appropriate and safe.
- e. A Safety Plan is in place to identify and manage known potential risks.
- f. An Emergency Plan is in place to deal with an injury or illness to any of the students.

POTENTIAL KNOWN RISKS

Examples of potential known risks include the following (depending on activity):

Injury from skiing/boarding; biking; rock climbing/hiking/Go-Karting, encounter with a bear on hike, getting lost, etc.

Additional Comments/Requirements:

CONSENT AND ACKNOWLEDGEMENT OF RISK

Destination/Activity/Program as checked above:

1. I accept the mode of transportation for the activity (ies).
2. I acknowledge my right and responsibility to obtain as much information as I require about this program or activity and associated risks and hazards, including information beyond that provided to me by the school or board.
3. I freely and voluntarily assume the risks/hazards inherent in the program/activity (ies) and understand and acknowledge that my child may suffer personal and potentially serious injury arising from his/her participation.
4. My child has been informed that he/she is to abide by the rules and regulations, including directions and instructions from the school's and/or service provider's administrators, instructors, and supervisors over all phases of the program/activity(ies).
5. In the event my child fails to abide by these rules and regulations, disciplinary action may require his/her exclusion from further participation, or that I be contacted to have him/her picked up, unless I have specified other transport arrangements and I will be responsible for any costs associate.
6. I acknowledge that it is my duty to advise the Lead Teacher of any medical and/or health concerns of my child that may affect his/her participation.
7. I acknowledge that the Board may choose to cancel the trip if travel conditions are deemed unsafe (e.g., weather, health advisory, security). I accept that the Board may not be liable for any costs associated with such a cancellation.
8. I acknowledge that the trip supervisors may secure transport to emergency medical services as they deem necessary for my child's immediate health and safety, and that I shall be financially responsible for such services.
9. Based on my understanding, acknowledgement, and consents as described herein.

My child _____ has my permission to participate in the activity (ies) as checked above.

Date: _____

Name of Parent/Legal Guardian (please print)

Name of Parent/Legal Guardian (please print)

Signature of Parent/Legal Guardian

Signature of Parent/Legal Guardian