



Return this stapled package

Please return this stapled pack to your child's teacher by **Friday, September 17th**.

Enclosed:

- E-mail Communication and CPAC's Capilano Student Directory – sign-up below
- Impromptu Walking Field Trip
- Lunch-Time Procedure Student Permission form
- Student Personal Information and Disclosure form –
- Computer Usage Policy and Internet Permission Form
- Volunteer Application and Volunteer Driver Forms

Newsletter, School and PAC Communication

We are going **paperless** for 2010-11! You will receive by blind copy (Bcc):

- the monthly school Flyer
- the monthly PAC Newsletter
- infrequent email from the principal
- infrequent email from the PAC executive
- infrequent email from your child's class rep

please PRINT your family name _____

Email Address (Please PRINT with clear dots and underscores) (*optional) 2nd Email Address

Capilano School Directory 2010 – 2011



The Capilano Parent Advisory Committee (CPAC) plans to print a student directory for the 2010 – 2011 school year. This directory will include the student's class, first and last name, home address, phone number and parent/guardian name (s). This information is for **school community use only**, and enables parent/guardian(s) to build important social relationships for their children. By participating in this directory, parents are agreeing to use this information for the sole purpose of school community use, and will not utilize the information for any commercial purpose. Note: email addresses will NOT be printed in the school directory.

Yes, I would like to be listed in the printed school directory:

Teacher and Grade: _____

Student Surname: _____

Student First Name: _____

Home Address: _____

Phone Number: _____

Parent/Guardian First Names: (Usual names) _____

No, I do not want my contact information to be listed in the school directory.

Next Friday, parents will receive emergency preparedness forms and request for comfort kits.



**This is an important notice.
Please have it translated.**

2010-2011 **Impromptu Walking Field Trips** Informed Consent

Dear Parents/Guardians:

The education of children is not confined to the four walls of the classroom. Teachers enhance their curriculum with field trips outside the classroom. Normally, field trips are planned by teachers and communicated to you outlining the purpose and all relevant details concerning the trip. As a parent or guardian, your consent is required on field trips on an individual basis as they arise. There are times, however, when teachers take their classes out of doors and off of the school site to walk to various destinations within the school neighbourhood.

These “walking field trips” are often spontaneous, taking advantage of the weather or to collect or see something in the neighbourhood. Such field trips may include, but are not limited to the following:

- Environmental clean-up
- Sketching classes
- Releasing salmon fry into a nearby stream
- Science walks using senses to observe seasonal changes
- Collecting fall leaves for science or art
- Adopting a tree, or square meter of forest
- Use of a local community playing field, park or tennis court
- Environmental enhancement e.g., gardening

SUPERVISION: The classroom teacher will directly supervise walking field trips. Depending on the grade level and the nature of the activity, additional supervision will be provided by teachers, school aides or parents to meet the supervision requirements outlined in our District Field Trip Policy. At all times, teachers will endeavour to ensure a safe environment or situation during the walking field trip. Normally, elementary children will walk in line formation with an adult at the beginning and end of the line, crossing roads at safe crossing points as a class.

RISK REDUCTION: Walking field trip activities are considered low risk for accidents or personal injury to students. However, 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 to enhance the safety of each student. First-aid packs and cellular phones or walkie-talkies are taken or easily accessed on walking field trips in case of an emergency. Student Emergency Procedure Plans/medical supplies will be brought for students with life-threatening medical conditions (e.g., anaphylaxis).

Because of the impromptu nature of the walking field trips, the school is seeking, in advance, informed consent for your child to participate in walking field trips within our school community by completing the form attached. **These walking field trips are optional. Alternate arrangements will be made for students who do not participate.** If there is a specific walking field trip that you do not wish your child to participate in, please indicate on the attached form.

Sincerely,

Phil Marshall



INSERT SCHOOL YEAR IMPROMPTU WALKING FIELD TRIP
INFORMED CONSENT APPROVAL

For: Division # _____, Teacher's Name: _____

(Please check appropriate box below)

I understand the impromptu nature and inherent risks associated with walking field trips and give my informed consent for my child, _____, to participate in walking field trips within the school community as outlined in the attached Letter to Parents/Guardians for the school term 2010 - 2011.

Print Child's Name

I do **not** give permission for my child, _____, to participate in walking field trips for the school term 2010 - 2011. I understand that my child will be placed under the supervision of a Board employee in the school building during the walking field trip.

Print Child's Name

Parent/Guardian Signature

Date

Printed Name of Parent/Guardian



CAPILANO ELEMENTARY

Ph: 604.903.3370
Fax: 604.903.3371
capilano@nvسد44.bc.ca

Dear Parents:

In order to ensure the safety of our students, it is important that we know where every child is at all times during the school day. We remind parents not to provide students with permission to go to a store or other location where there is no adult supervision during lunchtime. Please help by attending to the information below, completing the form, and returning it to the classroom teacher by Friday, September 17th, 2010.

Capilano School has a sign-out system that tracks students who go home for lunch or who leave school early. Students **must never leave the school grounds** during the school day without parent **and** staff permission.

If our child goes home for lunch every day:

- Sign your child out and in again at the **office**, or
- Assure that your child understand he must sign himself out and in again each day.

If your child goes home for lunch occasionally:

- Sign you child out and in again at the office, or
- Provide a dated permission note with a parent signature to be presented to the **office** staff by the child when he/she signs out.

If your child must leave for an appointment, etc. during the school day:

- Sign your child out/in at the school office, or
- Provide a dated permission note with a parent signature to be presented to the **office** staff by the child when he signs out.

Capilano School – Lunchtime Student Permission

Div. _____

Student's Name _____ Teacher's Name _____

_____ My child goes home for lunch every day and he/she will sign out/in at the office each day.

_____ My child goes home for lunch occasionally and he/she will produce a signed and dated permission note from me and sign out/in at the office on each occasion.

_____ My child will not be going home for lunch.

_____ I have assured my child understands he/she must never leave the school grounds without parent and staff permission.

Parent's Signature _____ Date _____

Photo Release Permission Request

Dear Parent or Guardian,

It is a tradition in the North Vancouver School District to allow staff or the media to photograph/film students to commemorate activities and promote the various educational, sports and cultural events taking place in the School District. Student's names, photographs and comments may be published in media such as a school yearbook, newsletters, honour rolls, programs, calendars, school or School District website, advertising and reports or in the news media.

Under the *Freedom of Information and Protection of Privacy Act* (FIPPA) and the *School Act*, the North Vancouver School District may collect personal information about students and their families for the provision of the School District's educational services or programs. If student information is published or released which does not relate directly to these purposes, then parental authorization is required. Please complete the information below to indicate your choice for your child.

Name of Student (please print): _____

Parent/Guardian (please print): _____

Home Address: _____

Email Address: _____

Phone Number: _____

Yes - I agree to the publication of my child's name, photograph and comments for purposes consistent with the above.

No - I do not agree to the publication of my child's name, photograph and comments for purposes consistent with the above.

Please note that this consent is valid during the current school year (2010/11). Your renewed consent will be sought annually at the beginning of each school year.

Parent/Guardian Signature: _____

Date (d-m-y): _____

PAC Contact Request

May we provide your name, address, telephone number and e-mail address to your Parent Advisory Council? Please be advised that the School District cannot assume responsibility for the unauthorized disclosure of this information by another party.

Yes No



Student Acceptable Use of Technology Agreement

Every North Vancouver student has access to the School District’s technological resources, including an individual user account and internet service. This access is provided via the Provincial Learning Network (PLN) - the Ministry of Education’s secure, high-speed network, which serves B.C.’s public schools and colleges through a centrally managed intranet. PLN provides web-content filtering which is designed to reduce the risk of students accessing inappropriate or harmful sites.

This use of technology agreement describes a responsible digital citizen at school, at home as well as in personal life.

Respect and Protect Self

- I will show respect for myself through my actions, and will ensure that the information I post online will not put me at risk.
- I will select appropriate online names, and will consider how the information and images that I post could affect my present and my future.
- I will not publish personal details, contact information or a schedule of my activities.
- I will not post personal information about my life, experiences or relationships.
- I will not make offensive comments or post images of others without their consent. I understand that once I share something online, there’s no getting it back.
- I will immediately report any attacks or inappropriate behaviour directed at me.
- I will protect my passwords, accounts and resources.

Respect and Protect Others

- I will show respect to others by not using electronic media to bully or harass other people.
- I will not visit sites that are degrading, pornographic or inappropriate. If I accidentally access a questionable site, I will leave it immediately.
- I will not abuse my rights of access or enter other people’s spaces or areas.
- I will protect others by reporting abuse, and by not forwarding inappropriate materials or communications.
- I will abide by the School Code of Conduct and District Policy 302: Student Conduct.

Respect and Protect Others’ Property

- I will respect the property of the North Vancouver School District, the school, and others.
- I will protect intellectual property by fulfilling all legal requirements to purchase, license and register all software, music and other media.
- I will request permission to use resources, where necessary, and will suitably cite any and all uses of websites, books, media, etc.
- I will act with integrity.

By signing this agreement, I will act in a moral and ethical manner that demonstrates respect for myself and towards others. I agree to follow the principles that define a responsible digital citizen as outlined in this agreement, and accept that failing to follow these principles will result in appropriate disciplinary action by the school which may include, but is not limited to, loss of access to district technological resources.

Student Name: _____

Student Signature: _____

Parent Name: _____

Parent Signature: _____

Date: _____



Volunteer Application Form

In order to help secure the safest possible environment for students, it is the policy of North Vancouver School Board that all volunteers complete a copy of the Volunteers Application.

School: _____

Volunteer for (Staff Name): _____

Name: _____
Last Name First Name Initial

Name of Children in the School: _____

Address (Street, City, Postal Code): _____

Birth Date: _____

Telephone: _____ Email: _____

1. Have you ever been convicted of a criminal offence? Yes No
2. Are there currently any outstanding criminal charges against you? (Note: A criminal charge or conviction will not automatically exclude you from volunteer opportunities. The nature of the volunteer activities and the circumstance related to the charge or conviction will be considered.) Yes No
3. Do you know of any reason why you should not participate as a volunteer where you will be in contact with children? Yes No
4. Do you have any communicable or infectious disease? Yes No

If any of the above questions 1, 2, 3 or 4 are answered YES, please provide details in the space provided below. Confidentiality will be respected. Include at least one authority (name, position, and telephone number) with whom we may discuss matters and confirm details.

Provide the names and telephone numbers of two references

1. Name: _____ Phone Number: _____

2. Name: _____ Phone Number: _____

I certify that the information given in this form is true and correct and agree that falsification or omission of information called for may result in my removal as a volunteer. To ensure the safety and well-being of children, permission is hereby granted to conduct any investigation including a criminal record search, that may be deemed desirable regarding the information contained in this form.

Signature: _____

Date: _____



Capilano Elementary Volunteer Code

- ✓ I agree to abide by all instructions and direction given to me by the supervising teacher while volunteering.
- ✓ I have read the Capilano Elementary Code of Conduct and will follow its guidelines respectfully and responsibly while volunteering.
- ✓ I have spoken with my supervising teacher about student behavior and expectations and understand my role in responding to students.
- ✓ I have reviewed with the supervising teacher the emergency and fire drill procedures in place at the school.

- ✓ I am aware of the confidential nature of teacher records, student records, student individual programs, and student progress and agree to refrain from discussing or making comments of a personal nature regarding students, staff, and individual programs or individual student progress.
- ✓ If I am a volunteer driver, I understand that I must complete the volunteer driver's check in the school office prior to driving students.

- ✓ I understand that North Vancouver School District Policy 404: Volunteers in Schools may result in the principal requiring additional information from me prior to certain specific types of volunteer activity.

Signature: _____

Printed Name: _____

Date: _____

Home Telephone: _____

The active involvement of parents in a volunteer role has the potential to provide considerable benefit to the intellectual and social development of students. In addition, the participation of volunteers increases communication and positive relationship between the school, parents, and the community. Consequently, the Board supports and encourages the use of volunteers to support the work of employees. (Excerpt from NVSD Policy 404: Volunteers in Schools.)

Thank you for your valuable and welcome support as a
Capilano Elementary School Volunteer.



Volunteer Driver Application Form

School: _____ Driver's Name: _____

Volunteer for (Staff Name): _____

Name of Children in the School:

Address (Street, City): _____ Postal Code: _____

Telephone: _____ Email: _____

Vehicles to be used:

	Vehicle 1	Vehicle 2
Year/make/style		
Colour		
License plate		
Passenger capacity		
Owner's name		
Drivers license number		
Number of operating seat belts		
Number of places for booster seats (if applicable see Declaration #2)		
Insurance registration number / expiry date of insurance		

Declarations

In volunteering to transport students, I declare the following:

1. My vehicles used for student transportation are rated appropriately and insured with minimum Third Party Liability insurance of \$1,000,000.
2. My vehicle is properly equipped with seat belts for each occupant; seat belts will be secured when travelling. Booster seats must be used for children up to their 9th birthday or 145cm (4'9") tall, whichever comes first.
3. I understand that the School District will not accept responsibility for any damage to my vehicle in the event of an accident, nor for deductible, loss of insurance discount or loss of use.
4. I will ensure that, to the best of my knowledge, the motor vehicle used for student transportation, is in good mechanical condition.
5. I am at least 21 years of age and in good health and not a secondary school student. Upon request I will provide a copy of my current driver's license to the school principal/vice-principal.
- 6 My vehicle will be equipped with winter, all season tires and/or chains for winter conditions.
7. For safety and health reasons, I will not allow smoking in my vehicle while transporting students.
8. I will not, at any time during my performance as a volunteer driver, imbibe any alcoholic beverages or use any restricted substances.
9. I will operate the vehicle in a safe manner and not in contravention of any statute or regulation governing the operation of motor vehicles.



Volunteer Driver Application Form

10. My Drivers Record dated _____ is attached. I understand that if violations are recorded a school administrator will determine my suitability as a driver. A new driver's record must be provided every three years.
11. I agree to wear a seat belt and require all passengers to wear a seat belt.
12. I agree that I will not permit a child under 13 years of age to occupy the front passenger seat of a vehicle equipped with a passenger seat air bag.
13. I will not use my hand-held electronic devices, such as cellphones, Blackberrys, MP3 players and ipods, while driving students. Under Bill 15, the *Motor Vehicle Amendment Act, 2009* this is illegal. For further details see the *Motor Vehicle Amendment Act*.

Note:

- A. If a vehicle has the capacity to carry more than 9 occupants the driver must have a Class 4 Driver's license.
- B. The School District provides Excess Third Party Liability coverage for volunteer drivers and owners while lawfully operating vehicles on behalf of the School District.
- C. Your B.C. driving record lists your licensing transactions and offences over the last 5-year period.

Getting your own record

You can get a free copy of your B.C. driving record from a driver licensing office. Here's the process:

1. Go to any driver licensing office. Bring:
 - your B.C. driver's license, or
 - one piece of primary identification and a second piece of either primary or secondary ID.
2. Receive a copy of your driving record from licensing staff.
3. You can also call 604-661-2255 and it will be mailed or faxed to you.

Volunteer Driver's and Vehicle Owner's Declarations

(I/We) have read the declarations above items 1 through 13, including notes, regarding transportation of students for sanctioned school activities and declare each of the above to be true.

Driver Signature:

Date:

Vehicle Owner Signature:

School District Employee Signature: