



Student Information

&

Mandatory Permission Forms 2018-2019

All Pages must be completed and returned.

Enclosed is the **Student Verification Form** to be reviewed.

Also included is a blank copy of the Student Verification Form.

Please use this blank form to make any information changes.

Please **PRINT** clearly and sign all pages where indicated.

Please do not separate these forms!

We invite you to visit our website regularly as it provides the community, parents/guardians and students with a wide range of important information.

Please visit our website at www.northviewheights.ca

Acknowledgement

Student Information

Last Name: _____

First Name: _____

Code of Conduct

I understand that the conduct of students, staff, parents and visitors to the school is governed by the School's *Code of Conduct*, the *TDSB Code of Conduct*, and the *Provincial Code of Conduct*, in addition to the *Education Act*.

I will read the *School Code of Conduct* and discuss it with my child at the beginning of the school year. I understand that a breach of the *Code of Conduct* by my child may result in disciplinary or legal consequences in accordance with the TDSB Caring and Safe Schools policies and procedures and/or applicable legislation. I understand that the Principal is available to explain the *Code of Conduct* to me and my child.

The *TDSB Code of Conduct* is available at: <http://www.tdsb.on.ca/AboutUs/Detail.aspx?docId=1714>

The *Provincial Code of Conduct* for schools is available at: <http://www.edu.gov.on.ca/extra/eng/ppm/128.pdf>

Caring and Safe School resources are available at: <http://www2.tdsb.on.ca/ppf/uploads/files/live/98/220.pdf>

Code of On-line Conduct

I understand that the TDSB has a *Code of On-Line Conduct* that applies to students, staff and all other users of electronic resources accessed through the facilities of the Board including the Internet. The *Code of On-Line Conduct* includes sections covering Personal Safety Rules, Unacceptable Sites and Materials, Use Guidelines, Prohibited Use and Activities, On-Line Publishing, and Liability.

I acknowledge that the TDSB expects that students will adhere to the *Code of On-Line Conduct* and be responsible in their use of the Internet through the facilities provided by the Board.

I will read the *On-line Code of Conduct* and discuss it with my child at the start of the school year. I understand that if my child breaks the rules, computer access privileges may be suspended and that further discipline or appropriate legal action may be taken. The *Code of On-line Conduct* is available on the TDSB Website at:

<http://www2.tdsb.on.ca/ppf/uploads/files/live/96/294.pdf>

Acceptable Use of Information Technology Resources

The *Acceptable Use of Information Technology Resources Policy* provides users with Information Technology Resources for educational and business purposes dedicated to improving student success, achievement, and well-being, as well as providing a safe, nurturing, positive, and respectful learning environment through the use of Information Technology Resources that is in compliance with applicable law, and related TDSB policies and procedures. The Policy and all related procedures apply to all users who access the TDSB's Information Technology Resources. The *Acceptable Use of Information Technology Resources Policy* is available at:

<http://www2.tdsb.on.ca/ppf/uploads/files/live/96/1933.pdf> or upon request from the school principal.

STUDENT DECLARATION:

I have read the School Code of Conduct and the TDSB Code of On-Line Conduct, and Acceptable Use of Information Technology Resources Policy.

Name: _____

Grade: _____

Signature: _____

Date: _____

PARENT/GUARDIAN DECLARATION:

I HAVE READ and UNDERSTOOD the School Code of Conduct, TDSB On-Line Code of Conduct and the Acceptable Use of Information Technology Resources Policy, and I am responsible for ensuring that my child understands these policies and procedures and will adhere to them.

Name of Parent/Guardian: _____

(Please print)

Signature of Parent/Guardian: _____ Date: _____



Permission/Consent Form

(Please Print Clearly)

Student Information

Last Name:

First Name:

Permission to Participate in Off-Site, Walking Excursions

Parent/Guardian permission is required for your child to participate in school-related walking excursions in the nearby school community and within walking distance of the school (e.g. walks to the local library, stores, galleries or parks). All such excursions must be approved by the Principal and supervised by TDSB staff. Where feasible, the school will notify parents and guardians of these activities in advance through the student planner, a newsletter, website or other communication.

- I **DO** give permission for my child to participate in school-related walking excursions as described above.
- I **DO NOT** give permission for my child to participate in school-related walking excursions as described above.

Student Media Release Consent (School/TDSB Events)

I, the parent/guardian, hereby agree and give my permission for the Toronto District School Board (TDSB) and/or partners to record, film, photograph, audiotape or videotape my child's name, image, student work, and performance (hereinafter collectively referred to as "Works") and to display, publish or distribute these Works for the purpose of publishing, posting on the TDSB website, posting in schools, posting on social media sites and/or for broadcasting on television or radio as determined by the TDSB.

I hereby waive any right to approve the use of these Works now or in the future, whether the use is known to me or unknown, and I waive any right to any royalties related to the use of these Works.

I understand that the Works may appear in electronic form on the internet or in other publications outside the TDSB's control. I will not hold the TDSB responsible for any harm that may arise from such unauthorized reproduction.

- I **AGREE**
- I **DO NOT AGREE**

Student Media Release Consent (Media Organizations)

I also understand that external media organizations may attend school events in order to photograph, film, audio-tape or videotape persons at the event for the purpose of being published and/or broadcast on-line, on television or radio.

- I **AGREE** and give permission for my child to be photographed, filmed, audio-taped or videotaped by external media organizations at school-related events.
- I **DO NOT GIVE** permission for my child to be photographed, filmed, audio-taped or videotaped by external media organizations at school-related events.

Permission to Leave School in Severe Weather Conditions (Grades 6-12)

In the event that severe weather conditions result in the cancellation of student transportation or the early closure of school for the day, your child will be required to remain in the School until appropriate transportation can be provided. With your permission, the School will allow your child to leave the school premises early. Supervision will not be provided and the school/TDSB will not be responsible for your child's safety or conduct if the student leaves the school premises.

- I **DO** give permission for my child to leave the school early.
- I **DO NOT** give permission.

Use of Personal E-mail Address

Communicating via e-mail is a timely, efficient and environmentally friendly way for schools and the school board to communicate with parents/guardians. Please provide email address below.

Parent/Guardian Email Address(1): _____

Parent/Guardian Email Address(2): _____

Canada's Anti-Spam Legislation (CASL)

Canada's Anti-Spam Legislation (CASL) prohibits the sending of commercial electronic messages unless the sender has received the recipient's consent first. The Toronto District School Board (TDSB) and the School require your consent to send any electronic messages that promote, advertise or offer for sale anything including school pictures, yearbooks, uniforms, food programs, event tickets or entry fees, fundraising events or items, or similar events or offers to sell goods and services.

Please indicate your commercial electronic message preference below. You may withdraw your consent at any time by notifying the school. **Information provided will not be shared with a third party.**

I **DO** consent.

I **DO NOT** consent.

Notice of Collection

The information collected on this form is collected under the authority of the *Education Act* R.S.O. 1990, c E.2, s.8.1, and will be used by Toronto District School Board for the general administration of our schools. All personal information collected on this form will be maintained in accordance with the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O., 1990, c. M.56, s. 29. Any questions regarding the collection of information on this form may be directed to the F.O.I. Coordinator at the Toronto District School Board, 5050 Yonge Street, Toronto, Ontario, M2N 5M8, Tel. (416)397-3365.

I acknowledge that it is my responsibility to advise the school immediately of any changes in the permissions and consents indicated on this form. (Legal Guardians sign on behalf of a child for whom they have lawful custody. Students who are 18 years or older will sign on their own behalf.)

Name of Parent/Guardian: _____

(Please print)

Signature of Parent/Guardian: _____ Date: _____

Medical Conditions

PLEASE NOTE: The content on this page is for information only.

Parents/Guardians are expected to review and update medical information with the school on an annual basis.

Medical Conditions Include asthma, fainting spells, history of head injuries, rheumatic fever, chronic nosebleed, feet or leg problems, migraine, seizures, diabetes, hemophilia/bleeding disorders, rash, sleepwalking, digestive upsets, heart problems, recent illness or operation, urinary infections, ear-nose-throat infections, hernia, dislocated shoulder; swollen, painful joints; 'trick or lock' knee or other joint disability, sickle cell disease, etc.

The above list is not exhaustive. Parents/Guardians are expected to review and update medical information with the school on an annual basis.

Life Threatening Allergies

Anaphylaxis is a serious allergic reaction. It can be life-threatening. Food is the most common cause of anaphylaxis, but insect stings, medicine, latex, or exercise can also cause a reaction. The most common food allergens are peanuts, tree nuts, and seafood, egg and milk products.

The TDSB has created a policy and procedure to further support *Sabrina's Law* introduced in January 2006 and to take care of our students at risk of anaphylaxis. Under *Sabrina's Law*, the TDSB has developed:

- Strategies to reduce exposure to allergens.
- Procedures to communicate with parents, students and staff about life-threatening allergies.
- Regular training opportunities for all staff to deal with life-threatening allergic reactions.
- Emergency procedures to cope with the anaphylactic student, including readily-accessible treatment.

Each school also has its own individual plan for each student at risk of anaphylaxis, which includes maintaining a file of the student's medications and emergency contacts.

If your child suddenly becomes ill or has an allergic reaction, school staff will take the appropriate action. Please ensure your school has the most up-to-date emergency contact information. If your child has life-threatening allergies, or if your child needs to be given special medication throughout the day, please speak with your principal to discuss arrangements. For more information, please refer to TDSB Operational Procedure PR563 – Anaphylaxis:

<http://www2.tdsb.on.ca/ppf/uploads/files/live/100/282.pdf>

Asthma

Asthma is a very common, chronic (long term) lung disease that can make it hard to breathe. Asthma can be fatal without proper management and access to medications.

The TDSB has developed operational procedures to support the implementation of *Ryan's Law (Ensuring Asthma Friendly Schools), 2015*, which includes:

- Creating a positive environment for students with asthma.
- Special considerations for students with additional needs.
- Roles and responsibilities for elementary and secondary schools.
- Parents will provide school staff with up-to-date information about their student's asthma. Information should be provided to the school at the start of each school year.

For more information, please refer to TDSB operational procedure PR714 –Asthma Management:

<http://www2.tdsb.on.ca/ppf/uploads/files/live/98/1764.pdf>

Diabetes

Diabetes is a serious disease that impairs the body's ability to use food properly. In students with diabetes, insulin is either not produced or does not work efficiently. Without insulin, glucose builds up in the blood stream and the body begins to break down fat to be used for energy. The body creates ketones and an excess of this material can result in severe complications that can result in coma and/or death. Effective practices in managing Asthma in Schools include:

- Blood glucose monitoring/insulin injection.
- Proper timing of meals and snacks to maintain proper blood sugar levels. Students need the opportunity to eat all meals and snacks fully and on time.
- Emergency food supplies that include oral glucose, juice and/or fast acting sugar should be available in other locations in the school.
- Parent/guardian/caregiver provides, maintains, and replenishes all food and necessary diabetic supplies.
- The development of a Diabetes Management Plan for each student who is identified with diabetes. The plan will be implemented in accordance with the medical requirements for each student.

For more information, please also refer to the TDSB operational procedure PR607 – Diabetes Management:

<http://www2.tdsb.on.ca/ppf/uploads/files/live/98/1764.pdf>

Medical Information Form (511E)

The collection and retention of the information requested on this form is authorized and governed by the *Education Act, Municipal Freedom of Information and Protection of Privacy Act, and the Personal Health Information Protection Act.*

The following information will be helpful to the teacher in making your child/ward comfortable and safe.

Student: _____ Date of Birth: _____
Teacher: _____ Grade/Class: _____
Parent/Guardian: _____ Telephone: (H) _____ (B) _____
Ontario Health Number: _____ Family Doctor: _____ Telephone: _____

Medical Conditions

Please indicate any significant medical conditions, physical limitations, or any other concerns that might affect your child's/ward's full participation in excursions/school activities.

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> History of head injuries | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Chronic Nosebleed | <input type="checkbox"/> Feet or Leg problems | <input type="checkbox"/> Migraine | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hemophilia/Bleeding disorders | <input type="checkbox"/> Rash | <input type="checkbox"/> Sleepwalking |
| <input type="checkbox"/> Digestive upsets | <input type="checkbox"/> Heart problems | <input type="checkbox"/> Recent illness or operation | <input type="checkbox"/> Urinary infections |
| <input type="checkbox"/> Ear, Nose, Throat infections | <input type="checkbox"/> Hernia | <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Sickle Cell Disease | | | |
| <input type="checkbox"/> Dislocated shoulder; swollen, painful joints; 'trick or lock' knee or other joint disability | | | |

Give details of usual treatment for each of the above conditions indicated: _____

Please explain if your child/ward has any medical condition that requires any modification of his/her program. _____

Allergies/Asthma

Please list all known confirmed allergies to the following:

(a) Foods: _____
If foods are life-threatening, please explain the symptoms and the treatment: _____

(b) Medications: _____
(c) Other (e.g., bee or wasp stings, environmental allergies): _____

Has your child/ward suffered any serious allergic or asthmatic reaction?
If so, please provide details, including the type and severity of reaction: _____
Is allergy considered: Mild ___ Moderate ___ Serious ___ Life-Threatening ___

Has a doctor prescribed an Epi-Pen for your child/ward? Yes ___ No ___
Has a doctor prescribed an inhaler for asthma? Yes ___ No ___ (Prescribed asthma inhalers must be carried by the student on the excursion.)
Has a doctor prescribed an inhaler for any other reason? Yes ___ No ___

Dietary Restrictions

Please list any foods your child/ward should not eat for medical, dietary, or religious reasons: _____

Medication

Does your child/ward take prescribed medication on a regular basis? Please specify: _____
What prescribed medication(s) should your child/ward have with him/her during the excursion? _____

General

- (1) Does your child/ward wear or carry medical alert identification (e.g., bracelet)? Yes ___ No ___
If yes, please specify what is written on it: _____
- (2) Does your child/ward have any other relevant medical condition that will require modification of the program? Yes ___ No ___
If yes, please explain: _____
- (3) Does your child/ward have any special fears or conditions (e.g., anxiety, bed-wetting, and nightmares), the knowledge of which will allow the teacher to make the student's excursion more relaxed? Yes ___ No ___ If yes, please explain: _____

Should it become necessary for my child/ward to have medical care, I hereby give the teacher permission to use her/his best judgment in obtaining the best of such service for my child/ward. I also understand that in the event of such illness or accident, I will be notified as soon as possible.

Name of Parent/Guardian: _____ (Please print)

Signature of Parent/Guardian: _____ Date: _____

PHYSICAL EDUCATION INFORMATION AND INTRAMURAL INFORMATION/PERMISSION

Dear Parent/Guardian:

Physical activity is essential for healthy growth and development. Growing bones and muscles require not only good nutrition, but also the stimulation of vigorous physical activity to increase the strength and endurance necessary for a physically active lifestyle. Active participation in games, fitness activities, dance, gymnastics, and outdoor pursuits provides opportunities for students to discover and trust themselves and gain the confidence necessary to play and work co-operatively and competitively with their peers. Both curricular and co-curricular Physical Education programs provide opportunities for students to experience "the fitness feeling" and to help them understand and make decisions regarding personal fitness and the value of physical activity in their daily lives.

During Physical Education classes, including stand-alone Daily Physical Activity sessions, students will participate in a variety of activities (e.g., _____).

Students will also have the opportunity to choose to participate in intramural activities that are offered outside of classroom time (e.g., Football Clinic on Monday June 5th, 7th and 8th after school _____). Permission is required for students to participate in intramural activities.

Please be advised that some Physical Education classes, Daily Physical Activity sessions and intramural activities, such as cross-country running, power walking, softball, and soccer, may take your child off the school grounds and into the immediate community. Supervision will be provided.

ELEMENTS OF RISK NOTICE

The risk of injury exists in every athletic activity. However, due to the very nature of some activities, the risk of injury may increase. Injuries may range from minor sprains and strains to more serious injuries. These injuries result from the nature of the activity and can occur without fault on either the part of the student, or the School Board or its employees or agents or the facility where the activity is taking place. The safety and well-being of students is a prime concern, and attempts are made to manage the foreseeable risks inherent in physical activity as effectively as possible.

It is important that your child participate safely and comfortably in the Physical Education, Daily Physical Activity and intramural programs. In your child's best interests, we recommend the following:

- a) Students should have an annual medical examination.
- b) Students should bring emergency medications (e.g., asthma inhalers) to Physical Education classes, Daily Physical Activity sessions and intramural activities.
- c) Appropriate clothing should be worn for safe participation (e.g., T-shirt, shorts or track pants, and athletic running shoes appropriate for the environmental conditions). Jewellery must be removed, if possible. Jewellery that cannot be removed and that presents a safety concern (e.g., medical alert identification or religious requirement) must be taped, or the activity must be modified.
- d) An eyeglass band and shatter-resistant/shatterproof lens should be worn if your child wears glasses that cannot be removed during Physical Education classes, Daily Physical Activity sessions and intramural activities.
- e) Attention should be paid to protection from environmental concerns (e.g., sun, hypothermia, dehydration, frostbite, and insect bites and stings).
- f) Safety inspection should be done at home of any equipment brought to school for personal use in class and intramural activities (e.g., skis, skates, helmets).
- g) When it is necessary to use a water bottle, students should use a personal water bottle that is not shared.

Please sign and return the Physical Education Acknowledgement of Risk section below. If you anticipate that your child/ward will be participating in intramural activities, please also sign and return the Intramurals Activities Permission section.

PHYSICAL EDUCATION ACKNOWLEDGEMENT OF RISK

In signing this form, I acknowledge the information about the elements of risk noted in the letter attached to this form (*Form 511K: Physical Education Information and Intramural Information/Permission*). I/we also acknowledge that some Physical Education activities, including Daily Physical Activity sessions, will occur in the immediate community.

Name of Student: _____ Grade/Class _____

Name of Parent/Guardian: _____ (please print)

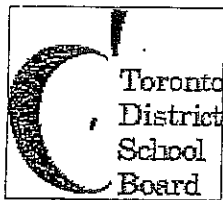
Signature of Parent/Guardian: _____ Date: _____

INTRAMURAL ACTIVITIES PERMISSION

I/we give permission for my child/ward, _____, to participate in intramural activities. I acknowledge the information about the elements of risk noted in the letter attached to this form (*Form 511K: Physical Education Information and Intramural Information/Permission*). I also acknowledge that some activities may occur in the immediate community.

Name of Parent/Guardian: _____ (please print)

Signature of Parent/Guardian: _____ Date: _____



Student Registration Verification

Northview Heights Secondary School

Attached is the Student Registration Verification form.
Please review the information on the attached form.
This form is to be used **ONLY IF CHANGES ARE NECESSARY.**

Please read and complete all forms carefully. These forms are to be signed and returned to school on Aug. 30 or 31, or returned to the Main Office before Friday, September 7, 2018.

Legal Name:	_____			Gender:	Male: <input type="checkbox"/>	Female: <input type="checkbox"/>
	Surname	First Name	Middle Name			
Preferred Name:	_____			Date of Birth:	_____	
	Surname	First Name	Middle Name		YYYY MMM DD	
Siblings In This School:	_____					
Aboriginal ID:	<input type="checkbox"/> First Nation	<input type="checkbox"/> Inuit	<input type="checkbox"/> Métis	<input type="checkbox"/> Aboriginal Person from outside		
	<input type="checkbox"/> Other					
Home Address:	_____					
Additional Info/ Residence Location:	_____					
Mailing Address:	_____					
	Number/Street	Unit #	City/Township	Postal Code		
Additional Info/ Residence Location:	_____					
Home Phone Number:	_____		Listed: <input type="checkbox"/>	Unlisted: <input type="checkbox"/>		
Country of Birth:	_____	Canadian Province of Birth:	_____			
Country Of Citizenship:	_____	Arrival Date:	_____	Expiry Date:	_____	
Status in Canada:	_____	First Language:	_____			
Main Language at Home:	_____	Spoken at Home:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Previous School Attended:	_____					
Address:	_____					
	Street	City	Province/State	Country		
Previous Board Attended:	_____					
Language of Instruction:	_____	Departure Date:	_____			
Last Grade Attended:	_____	Reason for Transfer:	_____			
Health Card Number:	_____	Version:	_____	Immunization Record Provided:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
				Medical Peril:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Medical Alert Information/Disability/Allergies:	_____					
Doctor(s):	_____ / _____					
Student Identification Through IPRC:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Student has an IEP:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Bus Transportation Required:	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
Pick Up Route:	_____		Stop:	_____	Time:	_____
Transportation Company:	_____					
Drop Off Route:	_____		Stop:	_____	Time:	_____
Transportation Company:	_____					

Parent/Guardian Information:

Student Name: _____

Name: _____ Male: Female:

Mr./Mrs. First Name Surname

Relationship to Student: _____ Place of Employment: _____

Emergency Contact Priority: 1 2 3 School Closure Contact Priority: 1 2 3

Phone 1: _____ Phone 3: _____

Phone 2: _____ E-mail Address: _____

Guardian: Custody: Lives with Student:

Access to Records: Speaks School Language: Receives Mail:

Address if Different from Student: _____

Number/Street Unit # City/Township Postal Code

Name: _____ Male: Female:

Mr./Mrs. First Name Surname

Relationship to Student: _____ Place of Employment: _____

Emergency Contact Priority: 1 2 3 School Closure Contact Priority: 1 2 3

Phone 1: _____ Phone 3: _____

Phone 2: _____ E-mail Address: _____

Guardian: Custody: Lives with Student:

Access to Records: Speaks School Language: Receives Mail:

Address if Different from Student: _____

Number/Street Unit # City/Township Postal Code

Emergency Contact Information:

Name: _____ Male: Female:

Mr./Mrs. First Name Surname

Relationship to Student: _____ Place of Employment: _____

Emergency Contact Priority: 1 2 Other: _____ School Closure Contact Priority: 1 2 Other: _____

Phone 1: _____ Phone 3: _____

Phone 2: _____ E-mail Address: _____

Name: _____ Male: Female:

Mr./Mrs. First Name Surname

Relationship to Student: _____ Place of Employment: _____

Emergency Contact Priority: 1 2 Other: _____ School Closure Contact Priority: 1 2 Other: _____

Phone 1: _____ Phone 3: _____

Phone 2: _____ E-mail Address: _____

This information is collected pursuant to the School Board's responsibilities as set out in the Education Act and its regulations.

This information is collected for educational purposes and is within guidelines set out in the Municipal Freedom of Information and Protection of Privacy Act, 1989.

This information will become part of the Ontario Student Record and opportunities will be provided to update this information annually.

Any questions with respect to this information should be directed to the Principal of the school in which the student is applying/registered.

I certify that the information provided on this form is accurate.

Parent/Guardian Signature: _____ Date: _____