

SIGNATURE PAGE



St. Albert
PUBLIC SCHOOLS

Issued as of **FEBRUARY 2017**

Bellerose Composite High School

Dear Parents,

This package of information is crucial to the registration of your son/daughter at Bellerose Composite High School for the 2017/2018 School Year

Various School District Policies require that parents and/or students acknowledge an awareness of several school policies, and access to particular programs is impossible without these consents and acknowledgements involved. Over the years, the human resources at the school used to ensure the forms are signed and returned has been tremendous; thus, we are attempting to streamline the process with this package. **We will only process a timetable for a student once this Registration Package is completed in its entirety and returned along with all required requisite signatures.**

In order to simplify the process, we have combined all the necessary signature blocks on one piece of paper. The remainder of the material provides all the information related to the various signatures required. As you read the material, you will become aware of the impact not providing consent would have on things such as computer use, behavioral expectations and information provision. Thank you in advance, and if you have questions, please email me at max.chorney@spschools.org. We appreciate your help with this process.

STUDENT NAME: _____ I.D. # _____ GRADE: _____

SIGNING AGREEMENTS FOR THE FOLLOWING GREY DOCUMENTS CONTAINED IN THIS PKG:

- | | | |
|---|--------------------------|---|
| 1. Student Acceptable Use of Technology | <input type="checkbox"/> | <i>Please check that all 6 (six) forms have been read (refer to GREY documents included in the package)</i> |
| 2. Freedom of Information and Protection of Privacy Act | <input type="checkbox"/> | |
| 3. License to Use School Locker | <input type="checkbox"/> | |
| 4. Froshing - Assault & Abduction Contract | <input type="checkbox"/> | |
| 5. Drug Free Schools | <input type="checkbox"/> | |
| 6. Code of Student Conduct | <input type="checkbox"/> | |

1. STUDENT ACCEPTABLE USE OF TECHNOLOGY AGREEMENT

Student Section: I have read the Acceptable Use of Technology Agreement. I agree to follow the rules and expectations contained in this agreement. I understand that if I violate the agreement, my account can be terminated and I may face other disciplinary measures. I understand that my computer and network use may be monitored at any time.

Student Name: _____ **Signature** _____ **Date** _____

Parent Endorsement: I have reviewed this document and each paragraph with my child. I have discussed the importance of this agreement with my child.

I understand that computer access is for educational purposes. I will instruct my child regarding acceptable use, including that which is set forth in the Acceptable Use of Technology Agreement. I will emphasize to my child the importance of following the rules for personal safety.

I understand that my child's computer and network use may be monitored at any time.

I understand that some materials on the Internet may be objectionable, and that my child may manage to access those materials despite efforts of the District and its staff. I hereby release St. Albert Public Schools and its personnel from any and all claims and damages arising from my child's use of, or inability to use, the St. Albert Public Schools' computer systems.

I give permission to allow internet access for my child and certify that the information contained in this form is correct.

Parent Name: _____ **Signature** _____ **Date** _____

STUDENT NAME: _____ I.D. # _____ GRADE: _____

2. FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY (FOIP) ACT

Parent & Guardian Section: I have read St. Albert Public Schools FOIP Notification and understand that my child's personal information will be used to provide an educational program that meets their needs and provides a safe and secure environment.

Parent Name: _____ Signature _____ Date _____

Over 18 Student Signature _____ Date _____

3. LICENSE TO USE SCHOOL LOCKER

Students Section: I have read the acceptable guidelines. I understand that, if I violate the rules, my account can be terminated and I may face other disciplinary measures.

Student Name: _____ Signature _____ Date _____

4. FROSHING – ASSAULT & ABDUCTION CONTRACT

Students Section: I hereby acknowledge, and have read and understood the Froshing - Assault & Abduction Contract.

Student Name: _____ Signature _____ Date _____

5. DRUG FREE SCHOOLS & DRUG FREE PROTOCOL

Students Section: I hereby acknowledge, and have read and understood the Drug Free Schools & Drug Free Protocol information and notification.

Student Name: _____ Signature _____ Date _____

6. CODE OF STUDENT CONDUCT AGREEMENT

Students Section: I hereby acknowledge, and have read and understood the Code of Student Conduct Agreement.

Student Name: _____ Signature _____ Date _____

**MUST BE SIGNED BY PARENTS & STUDENTS
AND RETURNED WITH REGISTRATION**