

Collection, Use and Disclosure of Personal Information

10. 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 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 check one initial:

- Yes – I agree to the use of my and my child's personal information for purposes consistent with the above.

Parent initials: _____

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 for these purposes.

Please check one initial:

- Yes – I agree to the use of my child's personal information for purposes consistent with the above.

Parent initials: _____

11. From time to time, teachers may use various websites and applications that store data outside Canada, such as Google Docs, Prezii, or NoodleBib. Parents must be aware that student information may reside on servers not located in Canada and their consent is required to uses such websites. Students are expected to use their school district-assigned email address and follow teacher guidelines when using website applications.

Please check one initial:

- Yes – I give my consent for my child, for learning purposes, to uses website applications where servers are located outside Canada.

Parent initials: _____

Consent to Medical Treatment

12. I authorize the School District and my child’s Homestay Parent 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.

13. 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.

Release

14. I waive and release all claims against the School District for the 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 incur, or any damage or injury to the person or property of others that my child may cause while participating in the International Programs.
15. I understand that the School District is not responsible for any loss or injury suffered by my child or me. 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.

16. I understand that my child's participation in the International Programs may be terminated at the discretion of the Administrators of the International Programs 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.
17. I agree that the School District is not liable for any loss suffered by my child or me as a result of any labour dispute that may affect the delivery of an educational program.

Amendment

This Agreement with the School District cannot be modified or interpreted except in writing by the School District.

Please Complete The Agreement Below:

I, _____, [PARENT/GUARDIAN (circle one)] APPLY FOR THE ADMISSION 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).

SIGNATURE of PARENT(S)

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.

SIGNATURE OF STUDENT

DATE