International Student Programs



School District No. 69 (Qualicum) Ross Pepper, District Principal Email rpepper@sd69.bc.ca website www.schoolincanada.ca

STUDENT AGREEMENT

This form is to be completed by the student.

If I am accepted as a student under the sponsorship of the School District No. 69 (Qualicum) International Program, I agree to obey and uphold the following rules and regulations:

- 1. Drinking of alcoholic beverages is prohibited.
- 2. Use of non-prescription drugs is prohibited.
- 3. Operation of motor vehicles is prohibited.
- 4. Complying with all host family rules is obligatory. This applies especially to curfew rules.
- 5. Complying with all school rules is required.
- 6. I must return to my home country within the time limit prescribed in my letter of invitation.
- 7. In the event of problems, I will contact Mr. Ross Pepper before I contact my parents or the representative in my country.
- 8. Travel outside the School District when not accompanied by host family requires permission from program directors.
- 9. I must obey all Canadian laws including immigration status requirements.
- 10. Since I will be living with a family other than my own, I agree to regard the parent as my own, and respect them in every way. I understand that I will not be staying as a guest in the home, but as a family member, as is proper and usual in the country of my exchange family.
- 11. I understand that a good academic effort will be expected of me while participating in the Qualicum School District International Programs. I understand that should I exhibit disruptive behaviour that might result in my suspension from school, I may be sent home at my own expense.

If I do not respect the rules outlined above, I understand that I may be sent home at my own expense.

I further understand that as a representative of my homeland, I must be a good citizen and uphold and obey the laws of my host country. I agree to attend all orientation and preparation programs as recommended to me by the Qualicum School District International Programs representative.

Parent Signature:		
Student Signature:	Date:	



Signature of Witness

Address:



	Education Program, and the School District 69 (Qualicum) offering my son or daughter runity to participate in a high risk outdoor recreational activities, including kayaking,
climbing, hiking, canoeing, snowboarding, skiing a and agree not to Qualicum International Educat No. 69(Qualicum) and its officers, employees, ag	and surfing, I agree to waive any and all claims I may have against, and release from all liability ion Program, School District No.69 (Qualicum), The Board of Trustees of School District lents, volunteers and representatives, and the Ministry of Education for any personal injury, esult of my son or daughter's participation in the outdoor activity arising out of any cause
I am aware of the usual risks and dangers inhere	ny signature that: disabilities that may require special attention, except as described here: ent in participation in all of the activities associated with outdoor recreational activities, and erty damage or loss resulting from the activities. The dangers and risks may include, but are
3. Weather	ot heed safety instructions or restrictions given to the group her group members
	chool's and program's Code of Conduct applies during any of the program sponsored ible for any costs caused by my child's failure to abide by the Code of Conduct, including
school board or its employees or agents, or the you are accepting the risk of an accident occurr In signing the Consent and Waiver, I am not rely	e activity and can occur with or without any fault on either the part of the student, or the facility where the activity is taking place. By allowing your child to participate in this activity, ring, and agree that this activity, as described above, is suitable for your son or daughter. ring on any oral or written representation or statements made by this School Board and plunteers, or the Ministry of Education, to induce me to permit my student to take the ad Waiver.
I am 19 years of age or more and have read and me, my heirs, executors and administrators.	understand the terms of this consent and waiver, and understand that it is binding upon
Date:	
Signature of Parents/Guardians	Printed Name of Parents/Guardians

Printed Name of Witness

Note:	This consent	t and waiver	must be sig	ned by ALL	custodial r	parents and	guardians c	of a child wh	o is under t	he age of 1	9 vears.
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We grant the Qualicum School District #69 International Student Programs custody of the participant while in Canada including, but not limited to, all necessary functions to act as legal guardians and "in loco parentis" in any situation, especially in emergencies, including the possibility of permission for surgical operations, or any other medical treatment. The Qualicum School District International Program shall be the only agency to authorize any medical or mental health treatment of the participant.

We authorize the Qualicum School District #69 International Program to return him/her to his/her country of origin at his/her cost or that of his/her parents, if necessary, to submit to medical treatment, if this is deemed necessary by the above-mentioned people, after consultation with medical authorities. We confirm that at the time of signing this document the participant enjoys satisfactory health.

We grant the Qualicum School District #69 International Program permission to act on our behalf in anything pertaining to possible representation before the local authorities. This authorization shall be valid for the entire duration of the Qualicum School District #69 International Program in which the student is participating.

Date:	_
Signature of Parent/Legal Guardian	Printed Name of Parent/Legal Guardian

Freedom of Information & Protection of Privacy (FOIPPA)

Schools and school districts are authorized to collect, use, and share student personal informa on that is directly related to and necessary for their educa onal func ons. For other school or educa on related purposes, parental or student consent is required.

In accordance with the BC Freedom of Informa on and Protec on of Privacy Act, the Board of Educa on of School District 69 (Qualicum) and the Qualicum Interna onal Student Program are seeking your consent to collect, keep, use and share photographs, videos, images and/or names of students in a variety of publica ons and on the QISP or School District's website(s) for educa on related purposes, such as recognizing and encouraging student achievement, building the school community, and informing others about school and District programs and ac vi es.

Personal Information Protection Act (PIPA)

Addi onally, outside media (including radio, television, newspapers, and other print and online media) are some mes permi ed or invited to come to the school or to school ac vi es and allowed to take photos or video, or conduct interviews with students for the purposes of promo ng public understanding of school programs, building public support for public educa on, and encouraging student achievement.

Parents and guardians should be aware that when outside media are permi ed access to schools for general journalis c purposes, the consent requirements of the Freedom of Informa on and Protec on of Privacy Act do not apply because the School District is not collec ng, using or disclosing personal informa on. Media organiza ons are subject to the Personal Informa on Protec on Act (PIPA) however, under PIPA, the media organiza on does not require consent if its purposes are purely journalis c.

Note: School and School District staff cannot control news media access, photos/videos taken by the media or others in public loca ons (such as field trips, or off school grounds) or school events open to the public, such as sports events, student performances, school board mee ngs, etc.

Please check "A" or "B". DO NOT check both.

A.		I GIVE MY CONSENT for the Qualicum Interna onal Student Program or School District 69 (Qualicum) to collect, keep,							
	Ш	use and share my child's name and/or image for purposes consistent with the previously outlined informa on and for							
		my child to par cipate in ac vi es to which the outside media may be invited. I understand that images and infor-							
		ma on posted on the Internet may be stored and accessed outside of Canada.							
B.		IDO NOT GIVE MY CONSENT to the use and disclosure of my child's name and/or image for the previously outlined							
		informa on and request that the School District and its staff take all reasonable steps to avoid having my child's image							
		or name collected or published by outside media when they are present in school or at school ac vi es of the School or							
		School District for this school year.							
Sign	Signatures:								
Student First and Last Name:									
	Student Signature:								
Parent/Guardian First and Last Name:									
]	rent/Guardian Signature:							
		Date:							