

# Markham District High School



**School Year 2018-2019**  
**Policy Agreement Checklist and Consent**  
**form for Students & Parents**

# **Markham District High School**

## **Policy Agreement Checklist**

**Student**

I have reviewed and discussed the YRDSB and Markham District High School (MDHS) Policies in my classes. I understand the expectations of my behaviour as a student of MDHS in regards to the policies outlined below.

In order to create a comfortable and safe environment for everyone attending MDHS, all students must agree to abide by the York Region District School Board and MDHS Policies.

I have read copies of the YRDSB and Markham District High School Policies outlined below.

<b>Review of *YRDSB's "Guide to the 2018-2019 School Year for Students and Parents" and **MDHS' School Policies found in the Student Information Package</b>	
<b>Policy</b>	<b>Student Initials (each line)</b>
YRDSB Assessment and Evaluation and Reporting	
YRDSB Equity and Inclusive Education	
YRDSB Information Technology Acceptable Use Agreement	
YRDSB Caring and Safe Schools	
MDHS Student Information Package 2018-2019	
MDHS Assessment, Evaluation, and Communication Policy	
MDHS Student Locker Agreement	
MDHS Code of Student Behaviour	
MDHS Dress Code	

\* YRDSB documents can also be found on the Board's website – [www.yrdsb.ca](http://www.yrdsb.ca)

\*\* MDHS documents can also be found on the School's website – <http://markhamdistrict.hs.yrdsb.ca>

I agree to abide by the policies and behaviours outlined, and understand that a contravention of these may result in consequences as outlined in the policies.

I agree to show my parent(s) / guardian(s) the York Region District School Board and MDHS policies outlined and to discuss the policies with them.

**Please Print:**

**Student Name:** \_\_\_\_\_

**Student #:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

**THIS FORM MUST BE SIGNED AND RETURNED TO MDHS**  
**By Friday, September 14<sup>th</sup> 2018-2019**

# **Markham District High School**

## **Policy Agreement Checklist**

Parent

I (we) have read, reviewed and discussed the YRDSB and Markham District High School (MDHS) Policies with my (our) child. I (we) understand the expectations of my (our) child's behaviour as a student of MDHS in regards to the policies outlined below.

I (we) understand that in order to create a comfortable and safe environment for everyone attending MDHS, all students must agree to abide by the York Region District School Board and MDHS Policies.

<b>Review of *YRDSB's "Guide to the 2018-2019 School Year for Students and Parents" and **MDHS' School Policies found in the Student Information Package</b>	
<b>Policy</b>	<b>Parent Initials (each line)</b>
YRDSB Assessment and Evaluation and Reporting	
YRDSB Equity and Inclusive Education	
YRDSB Information Technology Acceptable Use Agreement	
YRDSB Caring and Safe Schools	
MDHS Student Information Package 2018-2019	
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\*YRDSB documents can also be found on the Board's website – [www.yrdsb.ca](http://www.yrdsb.ca)

\*\*MDHS documents can also be found on the School's website – <http://markhamdistrict.hs.yrdsb.ca>

I (we) understand that a contravention of these Policies may result in consequences for my (our) child as outlined in the policies.

**Please Print:**

**Student Name:** \_\_\_\_\_

**Student #:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Name (Please Print):** \_\_\_\_\_

**Parent / Guardian Signature:** \_\_\_\_\_

**THIS FORM MUST BE SIGNED AND RETURNED TO MDHS  
By Friday, September 14<sup>th</sup> 2018-2019**



# MARKHAM DISTRICT HIGH SCHOOL

89 Church Street  
Markham, ON L3P 2M3

Tel: 905.294.1886  
Fax: 905.294.8141

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Current Grade

## Consent for Recording/Displaying Student Images by School Staff

### Parents/Guardians:

Please read this carefully. ***Check your decision*** regarding consent for recording/displaying student images by school staff. Complete the form and have your child return it to the school promptly. Thank you!

☐ **I give** ☐ **I do not give** consent for school staff to record images of my child and/or student's work or involvement with clubs/teams for public display purposes. These recordings/displays may be presented in public locations such as; the neighbourhood library, the local mall, in school/department/club/team newsletters, or on the schools' website. Student images may be shared with the parents of other students in webcasts or through other unique activities that are extra-curricular.

These recordings or displays may include photographs, webcasts, blogs, audio or visual recordings, video clips and/or student's work.

I am aware that the **YRDSB's Guide to the School Year** notified me of the collection, use and disclosure of student information for Board-sanctioned educational programs and services.

I understand refusing permission may impact my child's participation in certain activities. I also understand I can alter this decision at any time by resubmitting this form.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relation to student

\_\_\_\_\_  
Date

**This consent is valid for one school year. Consent may be revoked at any time by contacting the school office. Please contact the school if you have any questions.**

**THIS FORM MUST BE SIGNED AND RETURNED TO MDHS  
By Friday, September 14<sup>th</sup> 2018-2019**