



Student name \_\_\_\_\_

Teacher \_\_\_\_\_

Grade \_\_\_\_\_

# School Start-Up Permissions Form

It is important to note that some information in this package may be subject to change to ensure we are adhering to health and safety guidelines.

**Parents/guardians read and initial each item and sign the bottom of the form to acknowledge that you and your child understand and will follow the school and Board policies.**

Please Initial	Policies
	<p><b>Allergies/Medical Conditions:</b>            We understand that there are students and staff within our school community who have life-threatening allergies, and agree to practise allergy-safe measures.  <i><b>Inform the school office if your child has a serious or life-threatening allergy or medical condition.</b></i></p>
	<p><b>Caring and Safe Schools Policy:</b>            We understand and will follow the <a href="#">Caring and Safe Schools Policy and Procedures</a> available on the Board website or through the school. A summary is also available in the Guide to the School Year.</p>
	<p><b>School Code of Student Conduct:</b>            We understand that students are expected to follow the School Code of Student Conduct outlined in the School Start-Up Package, on school property and during Board or school-sponsored events and activities.</p>
	<p><b>Lockers:</b>            We understand that students who are provided with lockers must abide by the guidelines for locker usage outlined in the School Start-Up Package. Lockers are Board property and may be opened at any time as required.</p>
	<p><b>School Policies:</b>            We have reviewed the school policies in the School Start-Up Package and agree to adhere to them.</p>
	<p><b>Smoke-Free/Alcohol/Drug-Free Environment:</b>            We understand the use of tobacco, and/or student possession of alcohol/illegal and restricted drugs are prohibited on school property and that this also applies during Board or school-sponsored events and activities.            We understand that smoking and/or holding lighted or heated tobacco or cannabis products, consuming any other tobacco products, or using electronic cigarette devices (vaping) is therefore prohibited on and within 20 metres of Board property or in personal vehicles parked on Board property. In accordance with the Smoke- Free Ontario Act (SFOA), exceptions are made for the traditional use of tobacco that forms part of Indigenous culture and spirituality.</p>
	<p><b>Use of Non-Board Electronic Devices:</b>            We understand the school policy on portable electronic devices outlined in the School Start-Up Package and in the Guide to the School Year and agree to adhere to the policy.</p>
	<p><b>Use of Technology Agreement:</b></p>

	We understand and will follow the <a href="#">Use of Technology Agreement</a> outlined in the Guide to the School Year under Technology Use and available on the Board website.
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**Lunchtime Permissions (Elementary schools ONLY):**

For safety reasons, we need to know your child’s whereabouts during lunch. Please review the school’s lunch policy **Note: the school has no responsibility for students who leave the school property.**

Please select one.

	My child will remain at school during lunchtime.
	My child will leave school grounds at lunchtime.

**Activity Permissions:**

Opportunities for activities arise outside the classroom. My child is permitted to participate in the following (please check all that apply):

	Curriculum-connected excursions/community walks		Special activities (e.g. school fair)		School dances
	Clubs (non-athletic)		Intramural sports		

**Absenteeism**

The safety of our students is important to us. If you are planning an absence for your child during the year (family obligations/vacation/faith day, etc.), please indicate the date and reason below.

Date	Reason

Parent/Guardian Name (print): \_\_\_\_\_

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

*Personal information collected pursuant to the Education Act. For more information on the school’s privacy practices, please review the YRDSB’s privacy notice at [www2.yrdsb.ca/privacy-notice](http://www2.yrdsb.ca/privacy-notice). Questions or concerns about this collection should be directed to your school principal or to the YRDSB’s Privacy Office, 60 Wellington Street West, Aurora, Ontario, L4G 3H2 or (905) 727-0022.*

**File:** LEG-Consents            May 022  
 Retain: 12 months from date signed

Date:

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**File:** LEG-Consents      May 022

Retain: 12 months from date signed

Student Name: \_\_\_\_\_  
 Teacher: \_\_\_\_\_  
 Grade: \_\_\_\_\_



### Student Personal Information Consent Form

During the school year, the YRDSB or school (together, the “School”) may collect students’ personal information during various student activities and events, including those related to sports, committees, clubs, competitions, art work, plays or performances, interviews, field trips, ceremonies, and assemblies. While the types of information involved can vary, it can include their full name, age, grade level, achievements, information contained in work products, interviews, photographs, and recorded audio or video (“Information”). To showcase or promote these school or student activities, events, and achievements to the school community or members of the public, the School may share student Information publicly in the ways listed below.

**Please indicate your consent by checking the appropriate box below.** You can choose to withdraw your consent at any time during the school year by contacting the school office. If you have questions regarding the school’s activities and events, please contact your school’s principal. Specific events, activities, or technology may require your separate consent.

	Yes	No
<p><b><u>School Publications and Showcasing Work</u></b></p> <p>Yearbooks and School newsletters and websites chronicle the activities of the school and student body, and can feature student Information, such as their name, image, work, and participation in extracurricular activities or achievements. The School may also display student work, activities or events on school property, such as in a hallway or lobby. <i>(Note: photo day class photos and students’ school or graduation portraits will still be included in yearbooks unless you contact the school principal)</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b><u>School Social Media Accounts</u></b></p> <p>The School may share student Information (such as their images, audio or video recordings, and achievements and/or participation in school activities and events) on School-operated social media accounts on various platforms including X (formerly Twitter), LinkedIn, and Instagram. Student Information shared on these platforms would be governed by the platforms’ privacy policies.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b><u>Media Organizations</u></b></p> <p>Media and news organizations may be present at certain School activities or events (such as sports events) and may collect student Information through interviews, photographs, or recordings for inclusion in news articles or public broadcast.</p>	<input type="checkbox"/>	<input type="checkbox"/>

I, the parent/legal guardian of the student named above, or the adult student named above, have read and understood the information provided on this form. I understand that student Information shared in the ways described above may be publicly accessible, and republications are outside of the School’s control. I understand that I can contact the school principal for questions or concerns.

Name of Parent/Legal Guardian or Adult Student (Please Print)	Signature of Parent/Legal Guardian or Adult Student	Date
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*Personal information on this form is collected under the authority of section 169.1 of the Education Act, R.S.O. 1990, c. E.2. The information will be maintained in accordance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O., 1990, c. M.56. For more information on the School’s privacy practices, please review the YRDSB’s privacy notice at [www2.yrdsb.ca/privacy-notice](http://www2.yrdsb.ca/privacy-notice). Questions or concerns about this collection should be directed to your school principal or to the YRDSB’s Privacy Office, 60 Wellington Street West, Aurora, Ontario, L4G 3H2 or (905) 727-0022.*

## INFORMED CONSENT AGREEMENT – SPORT

In order for any student to participate in school sports it is a requirement for both the student and a parent/ guardian to complete the following:

- an annual review of an approved **Concussion Awareness Resource** and the relevant **Concussion Code of Conduct**, made available at [bit.ly/yrdsbconcussion](http://bit.ly/yrdsbconcussion), and
- this **Informed Consent Agreement – Sport** form, signed by the parent/guardian of each student participant or by the student if over the age of majority (18).

These requirements must be completed for any interschool school sport and all sports sanctioned by the York Region Elementary School Athletics Association (YRESAA) and York Region Athletic Association (YRAA). This does not include activities that are part of regular physical education, other curricular programs, or intramurals.

### ACKNOWLEDGEMENTS:

I understand that certain activities require a minimum level of fitness and health (physical, mental and emotional) and that each person has a different capacity for participating in these activities. I agree that my child, ward or self is able to participate in the Sport identified and completed the annual requirements to review an approved **Concussion Awareness Resource** and a relevant **Concussion Code of Conduct**.

The risk of sustaining injuries, resulting from the nature of the sports activities, can occur without any fault of either the student, or the school board, its' employees/agents or the facility where the activity is taking place. The potential inherent risks of participating in any physical activity include but are not limited to: collision with natural or man-made objects or other persons; hard surfaces; flying objects; physical agility including rapid movements and quick turns and stops; physical exertion; exposure to weather conditions; and site conditions.

By choosing to take part in the sport indicated below, I am accepting the risk that my child, ward or self may be injured. The following includes but is not limited to the types of injuries that may result from participation in this activity: bumps, bruises, sprains, strains, scrapes, lacerations, spinal injuries, broken bones or head injuries.

If there is a suspected or known concussion or injury before, during, or after participation, my child, ward or self will suspend play immediately and follow any relevant board policy and procedure.

### ACCIDENT COVERAGE:

Please be advised that the York Region District School Board does not provide accident coverage for student injuries that occur on school premises or during school sponsored activities. There is an inherent risk when taking part in any athletic activity that may result in injury. Certain injuries may require medical, dental or other expenses that are not covered by provincial health care or group benefit plans. As a parent/guardian, you are responsible for these expenses. To take the worry out of unexpected costs, parents/ guardians may purchase coverage under a Student Accident Insurance Policy. Participation is voluntary but highly recommended.

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I have read and understand the **Informed Consent Agreement – Sport** and consent to participate acknowledging all of the above.

Name of Student (PRINT): \_\_\_\_\_ School: Westmount CI

Sport: \_\_\_\_\_

Name of Parent/Guardian (OR student over 18) (PRINT): \_\_\_\_\_

Signature of Parent/Guardian (OR student over 18): \_\_\_\_\_ Date: \_\_\_\_\_

Student Accident Insurance has been/will be purchased:    Yes    No



Student (PRINT) \_\_\_\_\_

Teacher (PRINT) \_\_\_\_\_

Grade \_\_\_\_\_

## SCHOOL COUNCIL CANDIDATE NOMINATION FORM

**Please submit this form to the school principal. The deadline for submission is at the start of the school year. Please contact your school for more information.**

**Please complete Part A or Part B**

### Part A: I am declaring my candidacy:

I wish to declare my candidacy for an elected position as a parent/guardian representative on the school council:

I am the parent/guardian of \_\_\_\_\_ who is currently  
(print name of student) registered in Grade \_\_\_\_\_.

I am an employee of York Region District School Board. Yes                  No

Name \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone \_\_\_\_\_

Email: \_\_\_\_\_

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### Part B: I am nominating a candidate

I wish to nominate \_\_\_\_\_ for an elected position as a  
parent/guardian representative on the school council.

\_\_\_\_\_ is the parent/guardian of \_\_\_\_\_  
(print name of nominee) (print name of student)

who is currently registered in Grade \_\_\_\_\_.

The person I have nominated is an employee of York Region District School Board. Yes                  No

Name \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone \_\_\_\_\_

Email: \_\_\_\_\_



Student Name (PRINT): \_\_\_\_\_

Family Contact Phone No: \_\_\_\_\_

Teacher (PRINT): \_\_\_\_\_ Grade: \_\_\_\_\_

## REQUEST FOR FAITH ACCOMMODATIONS FORM

*Students and families may request accommodation(s) for religious beliefs and faith-based practices using this form.*

York Region District School Board is committed to fostering well-being by building safe, healthy and inclusive learning environments where students, families, and staff feel they matter and belong. There may be circumstances where students and families request accommodations for faith purposes. Some possible areas of accommodation are included below. The board supports these requests for accommodations, including an accommodation of full withdrawal. The process begins with a dialogue with the teacher and a school administrator.

Please use the chart below to explain the nature of your request:

AREAS OF ACCOMMODATIONS <i>(PLEASE CHECK ALL THAT APPLY)</i>	AREAS REQUIRING ACCOMMODATIONS <i>(PLEASE PROVIDE DETAILS ABOUT ACCOMMODATIONS IDENTIFIED)</i>
Religious holidays and celebrations	
School opening or closing exercises	
Prayer Space	
Dietary requirements	
Fasting	
Religious attire	
Modesty requirements in Physical Education	
Participation in daily activities and curriculum	
Other (Please describe):	

Your child's teacher and/or school administrator may invite you to discuss and gather more information about your request. If you will be seeking support from a community member for this meeting, please let us know.

Parent/Guardian Name (PRINT) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

Would you like translation? Yes \_\_\_\_\_ No \_\_\_\_\_ Language \_\_\_\_\_

Personal information collected pursuant to the Education Act as amended will be used to provide access to student records as described. Please contact the Information Access and Privacy Office if more information is needed (905---727---0022 ext. 2015).

File: LEG---Consents Retain: 12 months from date signed in the school office.

September 2021

Nominator's

Date

Signature:

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***Please tell us about the candidate in 4-5 sentences on the back of this form.***

*Personal information is collected under the authority of the Education Act as amended, and will be used to manage the disclosure of individual personal information. Contact the school principal for more information.*

**File:** ADM-School Councils

Valid for 12 months after date of last use/application