

*The Mission of the Dufferin-Peel Catholic District School Board, in partnership with the family and church, is to provide, in a responsible manner, a Catholic education which develops spiritual, intellectual, aesthetic, emotional, social, and physical capabilities of each individual to live fully today and to meet the challenges of the future, thus enriching the community*

## STUDENT PERSONAL INFORMATION PART 1

**Legal Names:** (Students are registered by their legal name which will be used on legal documents. The student's preferred name will be used at school)

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

**Preferred Names:**  Same as Legal Names, or

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Does this student identify as:  Female  Male Birthdate: \_\_\_\_\_  
Year Month Day

Previous school attended: \_\_\_\_\_ First day of entry to any school in Ontario: \_\_\_\_\_  
Year Month Day

Previous School Board: \_\_\_\_\_

If the student is entering from outside of Ontario, please indicate name of \_\_\_\_\_  
Territory/Province/Country

Does this student have sibling(s) in this District School Board?  Yes  No If yes:  Elementary  Secondary

If yes, provide full name(s): \_\_\_\_\_

Does this student have sibling(s) in another District School Board?  Yes  No

If yes, state name of District School Board: \_\_\_\_\_

Is this student Roman Catholic, or, in an Eastern Church in full communion with the Holy See of Rome?  Yes  No

.....  
**Medical Condition(s)/Alert:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Custody Information

Who has legal custody?  Both parents  Father only  Mother only  I am 16/17 years of age and have withdrawn from parental control  
 Other \_\_\_\_\_

Are there any special arrangements pertaining to access/visitation?  No  Yes – Documentation provided

If yes, then the most recent original Court Order to support custody must be provided (a verified copy to be stored in the OSR)

## STUDENT PERSONAL INFORMATION PART 2

Student's Country of Birth: \_\_\_\_\_ If Canada, Province of Birth: \_\_\_\_\_

Arrival Date (into Canada): \_\_\_\_\_ Expiry Date (if applicable): \_\_\_\_\_  
Year Month Day Year Month Day

Student's Country of Birth: \_\_\_\_\_ If Canada, Province of Birth: \_\_\_\_\_

**If arrived within the past five years, complete the 'Confirmation of Pupil Eligibility . . .' form (GF008.1).**

Status in Canada: (✓ one)  Canadian Citizen  Permanent Resident  Refugee  
 Permanent Resident Pending  Temporary Resident  Parent on Work Permit  
 International Student  Parent on Study Permit  Student on Study Permit

Country of Last Residence: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

**ABORIGINAL STUDENT (Voluntary Self-Identification):** For the purposes of supporting First Nation, Métis and Inuit student achievement objectives of Dufferin-Peel and the Ministry of Education, and of reporting student achievement to the Ministry of Education and the Education Quality and Accountability Office, I / we choose to voluntarily self-identify my/this child's ancestry as:

First Nations  Inuit  Métis  First Nation Métis and Inuit Ancestry

## STUDENT ADDRESS

Number \_\_\_\_\_ Street \_\_\_\_\_ Unit Type (e.g. Apt.) \_\_\_\_\_ Unit # \_\_\_\_\_  
City \_\_\_\_\_ Postal Code \_\_\_\_\_ ( ) \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

**Proof of Residence Sources:** \_\_\_\_\_  
(e.g., property tax bill, current utility bill, real estate document, or Government of Canada issued forms)

Please indicate if this student:  lives in a group home  lives independently of parent or guardian  
 has recently enrolled in a CCTC program (Care, Treatment, Custody, Corrections)

## PARENTAL/GUARDIAN CONTACT INFORMATION

**Emergency Priority (Circle one):** 1 2 3 4 Separate School Supporter:  Yes  No Speaks English

Title \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Address:  Same as student or \_\_\_\_\_

Home Phone:  Same as student or ( ) \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_ Ext. \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

**Emergency Priority (Circle one): 1 2 3 4** Separate School Supporter: Yes No Speaks English

\_\_\_\_\_ Title \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Address:  Same as student or \_\_\_\_\_

Home Phone:  Same as student or ( ) \_\_\_\_\_ Business Phone:( ) \_\_\_\_\_ Ext. \_\_\_\_\_

Cell Phone:( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_ Ext. \_\_\_\_\_

.....  
Emergency Contact (other than parent/guardian/caregiver):

**Emergency Priority (Circle one): 1 2 3 4**  Speaks English Gender:  Female  Male

\_\_\_\_\_ Title \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Address:  Same as student or \_\_\_\_\_

Home Phone:  Same as student or ( ) \_\_\_\_\_ Business Phone:( ) \_\_\_\_\_ Ext. \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

**ADDITIONAL INFORMATION**

Language(s) spoken by student:

\_\_\_\_\_  First Language  Spoken at Home Remark: \_\_\_\_\_  
\_\_\_\_\_  First Language  Spoken at Home Remark: \_\_\_\_\_  
\_\_\_\_\_  First Language  Spoken at Home Remark: \_\_\_\_\_

.....  
**Special Education:**

Does student have special education/diverse learning need?  Yes  No  
Does student have specialized equipment?  Yes  No SEA  Yes  No  
In your previous school/board, was this student involved in special education programs and/or services?  Yes  No  
Does this student have an Individual Education Plan (IEP)?  Yes  No  
Has this student been identified as an exceptional student, through the Identification Placement Review Committee (IPRC)?  
 Yes  No  
If yes, date of most recent IPRC review, as appropriate: \_\_\_\_\_  
Is the student's transition plan attached to the IEP?  Yes  No

.....  
**English Language Learners (ELL)**

In your previous school/board, did this student receive ESL/ELD services?  Yes  No

**SAFE SCHOOLS**

**Suspension/Expulsion**

1. Are you, or the student being registered currently serving a suspension?  Yes  No  
2. Are you, or the student being registered currently participating in a program for suspended students?  Yes  No  
3. Are you, or the student being registered expelled from any school and, if yes, have you/they successfully completed a program for expelled students? \_\_\_\_\_  Yes  No

## Canada's Anti-Spam Law Consent

Under Canada's Anti-Spam law (CASL) the Dufferin-Peel Catholic District School Board requires your consent to send you electronic messages about commercial activities. While much of our email communication is about school, school council or Board news and activities, we may also send electronic messages of a commercial nature. This would include newsletters and other communications about such things as field trips, yearbooks, uniforms, school pictures, fundraising activities and events, food and drink purchases, books, prom or dance tickets, sporting/athletic events or similar events and offers.

If you wish to receive the above electronic communications from us, please provide your email address below. Your consent remains in effect as long as the student attends a DPCDSB school unless you withdraw it. If you have any questions, or wish to revoke your consent at any time please contact your school principal.

Signature of Parent/Guardian: \_\_\_\_\_ Email Address: \_\_\_\_\_  
(or Student if 18 years of age or older – OR – if you are 16/17 and have withdrawn from parental control)

## R.O.P.S.S.A.A.

### PLEASE NOTE:

1. A school transfer could affect eligibility to participate in Board approved athletics. "Any student who attended another secondary (anywhere) in the previous 12 months must be approved by the ROPSSAA Transfer and Eligibility Committee prior to participating in ROPSSAA activities".
2. Admission to this secondary school is considered to be conditional pending receipt and review of the student's records from his/her previous school.

## SIGNATURES

**PLEASE NOTE: Falsifying information on this form may rescind the admission to this secondary school**

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(or Student if 18 years of age or older – OR – if you are 16/17 and have withdrawn from parental control)

Signature of Principal/Designate: \_\_\_\_\_ Date: \_\_\_\_\_

Personal information collected shall be used to establish and/or maintain the student's Ontario Student Record (OSR) for the provision of educational services and to administer health and/or medical emergency responses to the student as required. In keeping with the requirements of the *Education Act*, the OSR and other information required to establish an appropriate program for the student shall be requested from the former school.

Information is collected under the authority of the *Education Act*, R.S.O. 1990, c. E.2, (s.170, s.190, s.264, s.265); *Sabrina's Law*, 2005, S.O. 2005, c. 7 and *Ryan's Law (Ensuring Asthma Friendly Schools)*, 2015, S.O. 2015, C. 3 in accordance with the *Municipal Freedom of Information and Protection of Privacy Act*. Any questions regarding information collected, may be directed to the school principal or to the Records Management and Access & Privacy Administrator, 40 Matheson Blvd West, Mississauga, ON L5R 1C5 (905) 890-1221 ext. 24443

### Office use only

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_ Start date: \_\_\_\_\_

#### Documents to be filed in the OSR:

- |  |   |
|--|---|
| <input type="checkbox"/> Academic Transcript of marks                      | <input type="checkbox"/> Newcomer Reception Centre Report   |
| <input type="checkbox"/> Application for Direction of School Support/Lease | <input type="checkbox"/> P.E.D. (Personal Electronic Device) Agreement  |
| <input type="checkbox"/> Confirmation of Pupil Eligibility (GF008.1)       | <input type="checkbox"/> Network User Agreement   |
| <input type="checkbox"/> IEP Documentation                                 | <input type="checkbox"/> Flex Boundary Documentation  |
| <input type="checkbox"/> IPRC Documentation                                | <input type="checkbox"/> Medication Forms   |
| <input type="checkbox"/> Registration form                                 | <input type="checkbox"/> Copy of most recent Original Custody Order if applicable (original document to be viewed and verified) |

#### Original documents to be viewed and verified but not filed in the OSR

- |   |   |
|---|---|
| <input type="checkbox"/> Birth Certificate  | <input type="checkbox"/> Citizenship/Immigration/Intl. Student Verification |
| <input type="checkbox"/> Immunization Certificate or Statement of Medical Exemption (copy only sent to Peel or Wellington-Dufferin-Guelph Public Health)                  |   |
| <input type="checkbox"/> Proof of Residence Sources: _____<br>(e.g., property tax bill, current utility bill, real estate document, or Government of Canada issued forms) |   |



**ST. AUGUSTINE SECONDARY SCHOOL**  
 27 Drinkwater Road, Brampton, Ontario, L6Y 4T6, (905) 450-9993, Martine Lewis –PRINCIPAL

**Registration / Course Selection  
 2016-2017**

**Grade 10**

*OFFICE USE ONLY* NP

**REGISTRATION INFORMATION**

DEBIT  CASH  Preferred

<b>Last Name:</b>		<b>First Name:</b>		<b>Home Phone:</b>
<b>Date of Birth:</b> Year	Month	Day		
<b>Address:</b>			<b>Postal Code:</b>	
<b>Gender:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>				
<b>Citizenship:</b>			<b>Date Entered Canada:</b>	
<b>Lives With:</b> Both Parents <input type="checkbox"/>		Father Only <input type="checkbox"/>	Mother Only <input type="checkbox"/>	Other <input type="checkbox"/>
<b>1<sup>st</sup> Parent/Guardian:</b>		<b>Bus. Phone</b>		<b>Ext.:</b>
<b>2<sup>nd</sup> Parent/Guardian:</b>		<b>Bus. Phone</b>		<b>Ext.:</b>
<b>Emergency Contact:</b>		<b>Phone:</b>		<b>Ext.:</b>
<b>Doctor's Name:</b>		<b>Phone:</b>		
<b>Health Card # (optional):</b>				
<b>Medic Alert:</b>				
<b>Disability:</b>				
Has student been identified as an Exceptional Student?				Yes ___ No ___
Has an ISA application been submitted on behalf of this student?				Yes ___ No ___

**COURSE SELECTION INFORMATION**

**Our grade 10 program will include the following: Please check ONE of each (2 –5)**

- |                                     |                          |    |                                 |                          |
|-------------------------------------|--------------------------|----|---------------------------------|--------------------------|
| 1. HRE 2O1 - Religion               |                          | or | ENG 2P1 – English, Applied      | <input type="checkbox"/> |
| 2. ENG 2D1 - English, Academic      | <input type="checkbox"/> | or | SNC 2P1 – Science, Applied      | <input type="checkbox"/> |
| 3. SNC 2D1 - Science, Academic      | <input type="checkbox"/> | or | CHC 2P1 – Cdn. History, Applied | <input type="checkbox"/> |
| 4. CHC 2D1 – Cdn. History, Academic | <input type="checkbox"/> | or | MFM 2P1 – Mathematics, Applied  | <input type="checkbox"/> |
| 5. MPM 2D1 – Mathematics, Academic  | <input type="checkbox"/> | or |                                 | <input type="checkbox"/> |
| 6. CHV 2O7 – Civics                 | <input type="checkbox"/> |    |                                 | <input type="checkbox"/> |
| GLC 2O7 – Career Studies            | <input type="checkbox"/> |    |                                 | <input type="checkbox"/> |
- OR (1-4)**
- Locally Developed Courses**
- |  |  |                                  |                          |
|--|--|----------------------------------|--------------------------|
|  |  | 1. ENG 2L1 - English             | <input type="checkbox"/> |
|  |  | 2. MAT 2L1 - Mathematics         | <input type="checkbox"/> |
|  |  | 3. CHC 2L1 - Cdn. History        | <input type="checkbox"/> |
|  |  | 4. GLE 201 - Learning Strategies | <input type="checkbox"/> |

**Please choose TWO Electives:**

1.			
	<b>Course Code</b>	<b>Course Name</b>	
2.			
	<b>Course Code</b>	<b>Course Name</b>	

PLEASE INCLUDE \$60.00 (\$40 STUDENT ACTIVITY FEE and \$20.00 FAITH FORMATION FEE)

**IMPORTANT NOTE:** Please read the Course Calendar carefully before choosing courses.

<b>Student Signature</b>	<b>Date</b>	<b>Parent / Guardian Signature</b>

MUNICIPAL FREEDOM OF INFORMATION & PROTECTION OF PRIVACY ACT, 1989: Personal Information on this form is collected under the legal authority of the Education Act, R.S.O. 1980, c. 129 and Health Cards & Numbers Control Act, 1991. This information will be used for the purposes of course selection and determination and educational plan development. Questions regarding this collection of personal information should be directed to: Martine Lewis-PRINCIPAL, 27 DRINKWATER ROAD, BRAMPTON, ONTARIO, L6Y-4T6, (905) 450-9993

# ST. AUGUSTINE SECONDARY SCHOOL

27 Drinkwater Road, Brampton, Ontario, L6Y 4T6, (905) 450-9993, Martine Lewis -PRINCIPAL

## Registration / Course Selection

2016-2017

Grade 11

OFFICE USE ONLY NP

### REGISTRATION INFORMATION

DEBIT  CASH  Preferred

Last Name:	First Name:	Home Phone:
Date of Birth: Year: Month: Day:		
Address:	Postal Code:	
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		
Citizenship:	Date Entered Canada:	
Legal Custody: Both Parents <input type="checkbox"/> Father Only <input type="checkbox"/> Mother Only <input type="checkbox"/> Other <input type="checkbox"/>		
1 <sup>st</sup> Parent/Guardian:	Bus. Phone	Ext.:
2 <sup>nd</sup> Parent/Guardian:	Bus. Phone	Ext.:
Emergency Contact:	Phone:	Ext.:
Doctor's Name:	Phone:	
Health Card # (optional):		
Medic Alert:		
Disability:		

Please REVIEW the above information and make any CHANGES and ADDITIONS

### Current Courses

### Course Selections for 2015-2016

COURSE	CODE	AREA	CREDITS NEEDED	COURSE	CODE
		English	4.000	1) English	
		French	1.000	2) Math	
		Mathematics	3.000	3) Religion	
		Science	2.000	4)	
		Canadian Geography	1.000	5)	
		Canadian History	1.000	6)	
		Art	1.000	7)	
		Health & Phys. Education	1.000	8)	
		Career Studies	0.500	Alternate)	
		Civics	0.500		
		Additional Compulsory	3.000		
		Total Compulsory	18.000		
		Total Elective	12.000		

PLEASE NOTE: All courses, codes and pathways are fully described in the course poster. Please read it carefully before choosing courses.

In the event that one of your courses is full or conflicts with another course, your alternate course will automatically be substituted.

PLEASE INCLUDE \$60.00 (\$40.00 STUDENT ACTIVITY FEE and \$20.00 FAITH FORMATION FEE).

If you are not returning to St. Augustine in September, indicate plans: \_\_\_\_\_

The above selections represent the courses that I wish to enroll in for 2015-2016.

I have reviewed the course selections indicated above and agree with these choices.

.....

.....

.....

Student Signature

Date

Parent / Guardian Signature

MUNICIPAL FREEDOM OF INFORMATION & PROTECTION OF PRIVACY ACT, 1989: Personal information on this form is collected under the legal authority of the Education Act, R.S.O. 1980, c. 129 and Health Cards & Numbers Control Act, 1991. This information will be used for the purposes of course selection and determination and educational plan development. Questions regarding this collection of personal information should be directed to: Martine Lewis-PRINCIPAL,

27 DRINKWATER ROAD, BRAMPTON, ONTARIO, L6Y-4T6, (905) 450-9993

**ST. AUGUSTINE SECONDARY SCHOOL**  
 27 Drinkwater Road, Brampton, Ontario, L6Y 4T6, (905) 450-9993, Martine Lewis --PRINCIPAL  
**Registration / Course Selection**  
**2016-2017**  
**Grade 12**

*OFFICE USE ONLY* NP

**REGISTRATION INFORMATION**

DEBIT  CASH  *Preferred*

<b>Last Name:</b>		<b>First Name:</b>		<b>Home Phone:</b>	
<b>Date of Birth:</b>	<i>Year:</i>	<i>Month:</i>	<i>Day:</i>		
<b>Address:</b>				<b>Postal Code:</b>	
<b>Gender:</b>		<i>Male</i> <input type="checkbox"/> <i>Female</i> <input type="checkbox"/>			
<b>Citizenship:</b>			<b>Date Entered Canada:</b>		
<b>Legal Custody:</b>		<i>Both Parents</i> <input type="checkbox"/>		<i>Father Only</i> <input type="checkbox"/>	
		<i>Mother Only</i> <input type="checkbox"/>		<i>Other</i> <input type="checkbox"/>	
<b>1<sup>st</sup> Parent/Guardian:</b>		<b>Bus. Phone</b>		<b>Ext.:</b>	
<b>2<sup>nd</sup> Parent/Guardian:</b>		<b>Bus. Phone</b>		<b>Ext.:</b>	
<b>Emergency Contact:</b>		<b>Phone:</b>		<b>Ext.:</b>	
<b>Doctor's Name:</b>		<b>Phone:</b>			
<b>Health Card # (optional):</b>					
<b>Medic Alert:</b>					
<b>Disability:</b>					
<i>Please REVIEW the above information and make any CHANGES and ADDITIONS</i>					

<b>Current Courses</b>				<b>Course Selections for 2015-2016</b>	
COURSE	CODE	AREA	CREDITS NEEDED	COURSE	CODE
		English	4.000	1)	
		French	1.000	2)	
		Mathematics	3.000	3)	
		Science	2.000	4)	
		Canadian Geography	1.000	5)	
		Canadian History	1.000	6)	
		Art	1.000	7)	
		Health & Phys. Education	1.000	8)	
		Career Studies	0.500	Alternate)	
		Civics	0.500		
		Additional Compulsory	3.000		
		Total Compulsory	18.000		
		Total Elective	12.000		

**PLEASE NOTE:** All courses, codes and pathways are fully described in the course poster. Please read it carefully before choosing courses. *In the event that one of your courses is full or conflicts with another course, your alternate course will automatically be substituted.*

**PLEASE INCLUDE \$60.00 (\$40.00 STUDENT ACTIVITY FEE and \$20.00 FAITH FORMATION).**

**If you are not returning to St. Augustine in September, indicate plans:** \_\_\_\_\_

The above selections represent the courses that I wish to enroll in for 2015-2016.

I have reviewed the course selections indicated above and agree with these choices.

.....  
**Student Signature**

.....  
**Date**

.....  
**Parent / Guardian Signature**





## IMAGE RELEASE FORM

Dear Parents and Guardians:

During the 2016/2017 school year, while attending St. Augustine Secondary school, your child may participate in many curricular, co-curricular, and extra curricular events (e.g., the Pathway to the Performing Arts, or a championship football game). These events will take place at various locations including but not limited to the City of Brampton and surrounding area. During these events, photographs and video clips may be taken for use in various areas including but not limited to school advertising, television, school website and/or newspapers.

**Please indicate your consent for your child to be photographed, videotaped and/or interviewed for purposes as described above, by signing and returning this form to the Guidance Department as soon as possible.**

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I hereby consent to the activities/events, as described above. I understand that photographs, written work, video and audio recordings may be used, edited and released to newspapers, radio, and television and internet providers.

I hereby release the Dufferin-Peel Catholic District School Board and its employees and assignees from all claims resulting from the use, editing and release of any photographs, written work, video and audio recordings with respect to these events/activities. This consent shall be continuing with no limitations or reservations, except those stated above.

**Date:** \_\_\_\_\_

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

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

I am at least 18 years of age, and I consent to this authorization and release.

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

See other side ►►►►

## PERSONAL ELECTRONIC DEVICE USED WITH WI-FI NETWORK STUDENT AGREEMENT

Dufferin-Peel Catholic District School Board policies and procedures support the use of personal electronic devices (PEDs) for educational purposes. This agreement will be signed when your child registers to attend a school within Dufferin-Peel Catholic District School Board.

In compliance with the Catholic Code of Conduct and other board policies and procedures including, but not limited to the *Student Network User Application and Agreement*, any student opting to use a PED while on school premises for educational purposes is required to adhere to the following:

### Part A.

1. We understand that if I bring my PED to school I must follow board and school policies and procedures regarding appropriate use of technology.
2. We will be a responsible digital citizen by adhering to guidelines regarding content, security, safety and ethical use through appropriate use of technology, as outlined in the Catholic Code of Conduct and other board policies and procedures.
3. We will accurately represent myself while online and that my online interactions are reflective of our Gospel values and virtues.
4. We understand that PEDs may be used during instructional time and in instructional space only with the expressed permission of the classroom teacher and/or staff and only in a manner that supports the teaching-learning process.
5. We understand that I may use my PED in common areas for educational purposes, as designated by the principal.
6. We will not share my password with others and I will respect the privacy of other people. I will not share other people's passwords or personal information.
7. We understand that upon reasonable grounds, staff reserve the right to review material viewed, created or saved on my authorized registered PED and/or other personal electronic devices.
8. We understand that no school and/or board data is allowed to be stored on PEDs.
9. We will not use my PED in a manner that will harm the board's system or another person's work.
10. We understand that if I bring my PED for use on board premises I am responsible for the safety and security of that device at all times and the board assumes no responsibility for lost, damaged or stolen devices.
11. We understand that we should not have the expectation to be able to charge our device at school.
12. We understand that photos, videos or images of an individual/group are not permitted to be taken without expressed consent. Expressed consent must be obtained from the individual(s) - over the age of 18—or parental/guardian consent (for those under the age of 18).
13. We understand the school administration will be the arbiter of what constitutes a violation of this agreement. Any failure to comply with these guidelines may result in confiscation of my PED, discipline, a loss of PED privileges, police involvement and/or any other consequences deemed necessary by school administration.
14. We agree, by virtue of access to the board's computing and electronic communication systems, to indemnify, defend and hold harmless the board for any suits, claims, losses, expenses or damages, including but not limited to litigation costs and legal fees, arising from or related to the user's access to or use of board electronic communication and computing systems, services and facilities.

### Part B.

1. We understand that I am responsible to take the necessary steps to ensure my authorized PED is connected to the board wireless network, and that the board will not be responsible for any cost incurred through the use of personal data plans.

**I acknowledge that I have read, understand and agree to abide by the PERSONAL ELECTRONIC DEVICE USED WITH WI-FI NETWORK STUDENT AGREEMENT.**

\_\_\_\_\_  
School

\_\_\_\_\_  
Name of Student (please print)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

## NETWORK AND COMPUTER USE POLICY

(These are excerpts from the Board policy. The full policy document is available at the school.)

In the spirit of its Mission Statement, the Board has developed and installed a Wide Area Network connecting all of its sites. Included in services available on the Board Network is access to the Internet.

It must be noted, however, that school boards do not have control over the information that is accessible on other networks, nor can they erect barriers that completely limit access to the full range of information available. Information located on the Internet may contain matter that is illegal, defamatory, pornographic, inaccurate, or potentially opposed to the Mission Statement of the Board and the Board's vision of students. The benefits to educators and students far exceed any disadvantages of access. Ultimately, parents and guardians of minors, supported by the Board and teachers, are responsible for setting and conveying the standards that their children or wards should follow.

### NETWORK USER APPLICATION AND AGREEMENT

**To be completed on first registration in the Dufferin-Peel C.D.S.B.**

The Dufferin-Peel Catholic District School Board supports the use of the local and wide area networks for electronic communication and the Board believes this to be an integral part of the school curriculum.

In addition to the school's Code of Student Behaviour and Discipline, and to outline in some detail the responsibilities of the school and The Dufferin-Peel Catholic District School Board, any student using the school network is required to adhere to the following rules:

1. These are the "Rules of Conduct" for Electronic Networks in the Dufferin-Peel Board schools, including Internet access.
2. The school reserves the right to change the rules at any time without notifying users.
3. The school reserves the right to remove network access from any user who breaks these rules.
4. The school does **NOT** warrant that the functions will meet any specific requirements the student may have; nor that it will be error free or uninterrupted; nor shall it be liable for any indirect, incidental, or consequent damages (including lost data, information or profits) sustained or incurred in connection with the use of, operation of, or inability to use the system. **The student maintains responsibility for meeting all personal deadlines regardless of network availability.**
5. The student is responsible for his/her actions while using the computer.
6. The student will not assist others in breaking these rules or be a party to others breaking these rules.
7. The student must not intentionally seek information, browse, obtain copies, modify files, or passwords belonging to others, whether at the school or elsewhere, unless specifically authorized to do so by those individuals.
8. Consistent with item #7 the student will refrain from using or introducing to the school computer environment, whether network or standalone, files, programs, or disks known to contain viruses. In this spirit, the student will also regularly check his/her files and the disks for viruses and endeavour to keep computing systems virus free.
9. The student must not try to obtain system privileges to which he/she is not entitled.
10. The student will not share his/her log-in and password with others, nor attempt to learn or use logins and passwords which are not his/her own.
11. The students must not exploit any gaps in security and, furthermore, must report these gaps immediately to his/her teacher.
12. The student must not seek or send images, sounds, or messages which might be considered inappropriate, obscene, abusive, offensive, harassing, illegal, or counsel to illegal activities.
13. A student who receives or encounters any of the material indicated in item #12 which makes him/her feel uncomfortable, should report it to his/her teacher immediately.
14. The student is responsible for determining the copyright status of any program(s) or data used, and for respecting intellectual property rights and the laws which govern them.
15. It is the student's responsibility to back up, save, and maintain any of his/her information:
  - The student must abide by all federal, provincial and local laws.
  - The school reserves the right to review, edit or remove any material stored on Board computer/network facilities.
  - The school will be the arbiter of what constitutes a violation of this Agreement.

#### ***In addition:***

1. Students must not attempt to access any files that are not their own unless instructed by a teacher.
2. Students are to use only the software approved by their teachers. Students must not install additional programs on the computers.
3. Under no circumstances are students to transfer any files from a disk onto the system without subjecting them to a virus check.
4. Students must not eat, drink or chew gum in computer rooms.

**The student and the parent/guardian are required to signify acceptance of this agreement by signing the following agreement form. Computer and Network use privileges will be withheld until the signed form is completed.**

### NETWORK USER APPLICATION AND AGREEMENT

School: St. Augustine Secondary School

Name of Student: (please print) \_\_\_\_\_  
Last Name First Name

**I acknowledge that I have received and will abide by the Network User Application and Agreement and that this Agreement remains in effect for the duration of the student's tenure in this school system.**

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Please have this Network User Application and Agreement completed and available for verification.**