



Computer / Privacy Consent

School District No 27 Cariboo - Chilcotin

350 North Second Avenue
Williams Lake, BC V2G 1Z9

Phone: (250) 398-3800
Fax: (250) 392-7871

Notice to Parents and Students Computer Usage and Privacy Information Consent School Year 2019 – 2020

Please complete, sign, and return to your school.

Student's Name: (Last) _____ (First) _____
(please print) (please print)

School: _____

The purpose of this document is to make you aware of two issues – Computer Use and Privacy:

Computer User Responsibilities:

- a. As a student of School District No. 27, all student users will keep confidential their password to on-line learning resources, and will change their password on a regular basis (or as required by the online learning program). Students will not disclose their password to anyone other than their teacher.
- b. When accessing on-line teacher-approved learning resources, all student users will maintain the same standards of good taste as it exists in their classroom. Users will refrain from the use of profanity, making comments that would offend others, bullying or other harassing behavior.
- c. Student users agree not to sell, publish or commercially exploit information obtained from online information services unless written permission is obtained from their school Principal or designate.
- d. Student users agree not to upload/download copyrighted software, divulge security codes, damage data, or engage in any other illegal activities.
- e. Student users will not use their access privileges for sales promotion, or broadcasting information, without the approval of their school Principal or designate.
- f. Users will not attempt unauthorized access to online information services.
- g. Students **must** have a signed parent consent form (as per this document) to access online learning resources.

Please check A or B (not both)

A. ____ I DO **CONSENT** to the review of the Computer User Responsibilities with my child for this school year.

B. ____ I DO **NOT CONSENT** to my child using computer resources for this school year.

I REQUEST that the school district and its staff take all reasonable steps to avoid having my child access computer resources while at school. Unless withdrawn, this consent is effective immediately and lasts until September 30 of the next school year.

NOTE: If you **DO NOT CONSENT**, please discuss your objections with the Principal.



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Privacy Information:

- a. School District No. 27 uses online learning applications (**examples of cloud computing include web-based email, social networking sites, online video, online educational sites where students are registered, and document collaboration tools**).
- b. The online learning applications may involve personal information which will be collected by the School District for educational purposes and shared to the online service. This notice is provided to you because of s.26(c) of the *Freedom of Information and Protection of Privacy Act* (FOIPPA).
- c. All attempts will be made to ensure that student data is stored in Canada.
- d. Some educational applications are available only with storage of student data on secure servers located outside of Canada. While stored outside of the country, the information may be subject to the laws of the foreign jurisdiction, including, in the United States, the USA Patriot Act. Privacy legislation requires that we inform you of this fact and obtain your consent to this arrangement.

Please check A or B (not both)

- A. ____ I DO **CONSENT** for the school to share my child’s personal information with online learning services (the Internet).
- B. ____ I DO **NOT CONSENT** to the use and disclosure of my child’s name and/or personal information to online learning services for this school year. Unless withdrawn, this consent is effective immediately and lasts until September 30 of the next school year.

For Parents/Guardians:

Date: _____

Parent’s Name: (Last) _____ (First) _____
(please print) *(please print)*

Parents, please check mark the following:

- I acknowledge receiving this notice.
- I have completed the above two sections (On pages One and Two of this Form).

Parent/Guardian* Signature: _____

Parents/Guardians, if you have questions about this form, please contact your child’s school.

**For parents who have court orders describing their parental rights, this form should be signed by a parent who has the right to exercise the student’s privacy protection rights.*

For Students:

Students, please check mark the following:

- I acknowledge receiving this notice.
- I am aware of my parent’s wishes as expressed above.

Student ** Signature: _____

*** Student signature required only if they are aware and capable of protecting themselves and in Grades 4 to 12.*