Downsview Secondary School

7 Hawksdale Road
North York, Ontario
M3K 1W3
(416) 395-3200
Fax (416) 395-4455

Wednesday March 28, 2018

Dear Parents and Guardians:

It is with great pleasure that we inform you Downsview Secondary School will once again host a **Local Secondary Summer School Program (LSSSP).** The summer program is designed to give your child an opportunity to earn additional credits in a safe, fun, relaxed, but challenging learning environment. The program will run from **Tuesday July 3rd – Friday July 27th, 2018**. The LSSSP course offerings for students in grades 9-12 are listed below:

- **ELS2O1 - Literacy Skills**
- **GPP301 - Leadership and Peer Support (For students entering grade 11 or 12 only).**
- **IDC4U1 - Interdisciplinary Studies**
- **OLC4O1 - Ontario Secondary School Literacy Course**
- **RCR1O1 - Credit Recovery**

In addition to the academic and leadership opportunities, our program includes daily athletic activities such as football, floor hockey, soccer and basketball, etc. A nutritious break will be provided to all participants in the program. ***The day will begin at 8:45 a.m. and end at 3:30 p.m.***

We ask for your support and cooperation to ensure that your child will be committed to attend regularly. Attendance is a priority in order to meet the ministry requirement for granting credits. Excessive lates and or 3 or more absences could result in unsuccessful completion of the credit.

Please indicate if you wish for your child to attend the **2018 LSSSP** this summer for **OLC401** by completing the information below with the following forms enclosed by **Wednesday June 6th. *Please note, the registration package, which includes this form and others listed below, are also available on our website at downsviewss.com.*** **There will also be a link on our website to complete an online registration to secure your placement for the program and alert us of any dietary restrictions.**

Forms included in the registration package:
Walking Excursion, Media Releases, Severe Weather, Personal e-mail, Medical Information, Code of Conduct

I wish for _____ to attend the **2018 Local Secondary Summer School Program**.
(Print Student Name)

Name of parent/guardian: _____

Signature of parent/guardian: _____

If you have any questions, please do not hesitate to contact us at the above number.

Yours very truly,
Bruno Berto

Bruno Berto
Downsview Secondary School
Local Secondary School Program – Principal

Permission/Consent Form

(Please Print Clearly)

Student Information	
Last Name:	First Name:

Permission to Participate in Off-Site, Walking Excursions

Parent/Guardian permission is required for your child to participate in school-related walking excursions in the nearby school community and within walking distance of the school (e.g. walks to the local library, stores, galleries or parks). All such excursions must be approved by the Principal and supervised by TDSB staff. Where feasible, the school will notify parents and guardians of these activities in advance through the student planner, a newsletter, website or other communication.

- ☐ I **DO** give permission for my child to participate in school-related walking excursions as described above.
- ☐ I **DO NOT** give permission for my child to participate in school-related walking excursions as described above.

Student Media Release Consent (School/TDSB Events)

I, the parent/guardian, hereby agree and give my permission for the Toronto District School Board (TDSB) and/or partners to record, film, photograph, audiotape or videotape my child's name, image, student work, and performance (hereinafter collectively referred to as "Works") and to display, publish or distribute these Works for the purpose of publishing, posting on the TDSB website, posting in schools, posting on social media sites and/or for broadcasting on television or radio as determined by the TDSB.

I hereby waive any right to approve the use of these Works now or in the future, whether the use is known to me or unknown, and I waive any right to any royalties related to the use of these Works.

I understand that the Works may appear in electronic form on the internet or in other publications outside the TDSB's control. I will not hold the TDSB responsible for any harm that may arise from such unauthorized reproduction.

- ☐ I **AGREE**
- ☐ I **DO NOT AGREE**

Student Media Release Consent (Media Organizations)

I also understand that external media organizations may attend school events in order to photograph, film, audio-tape or videotape persons at the event for the purpose of being published and/or broadcast on-line, on television or radio.

- ☐ I **AGREE** and give permission for my child to be photographed, filmed, audio-taped or videotaped by external media organizations at school-related events.
- ☐ I **DO NOT GIVE** permission for my child to be photographed, filmed, audio-taped or videotaped by external media organizations at school-related events.

Permission to Leave School in Severe Weather Conditions (Grades 6-12)

In the event that severe weather conditions result in the cancellation of student transportation or the early closure of school for the day, your child will be required to remain in the School until appropriate transportation can be provided. With your permission, the School will allow your child to leave the school premises early. Supervision will <u>not</u> be provided and the school/TDSB will not be responsible for your child's safety or conduct if the student leaves the school premises.

- ☐ I **DO** give permission for my child to leave the school early.
- ☐ I **DO NOT** give permission.

Use of Personal E-mail Address

Communicating via e-mail is a timely, efficient and environmentally friendly way for school staff to communicate with parents/guardians about important school information. Should you wish to receive school information via e-mail, please fill in the form below:

Parent/Guardian Email Address(1): _____

Parent/Guardian Email Address(2): _____

Canada's Anti-Spam Legislation (CASL) prohibits the sending of commercial electronic messages unless the sender has received the recipient's consent first. The Toronto District School Board (TDSB) and the School require your consent to send any electronic messages that promote, advertise or offer for sale anything including school pictures, yearbooks, uniforms, food programs, event tickets or entry fees, fundraising events or items, or similar events or offers to sell goods and services.

Please indicate your commercial electronic message preference below. You may withdraw your consent at any time by notifying the school. **Information provided will not be shared with a third party.**

☐ I **DO** consent to receive commercial e-mails.

☐ I **DO NOT** consent to receive commercial e-mails.

Notice of Collection

The information collected on this form is collected under the authority of the *Education Act* R.S.O. 1990, c E.2, s.8.1, and will be used by Toronto District School Board for the general administration of our schools. All personal information collected on this form will be maintained in accordance with the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O., 1990, c. M.56, s. 29. Any questions regarding the collection of information on this form may be directed to the F.O.I. Coordinator at the Toronto District School Board, 5050 Yonge Street, Toronto, Ontario, M2N 5M8, Tel. (416)397-3365.

I acknowledge that it is my responsibility to advise the school immediately of any changes in the permissions and consents indicated on this form. (Legal Guardians sign on behalf of a child for whom they have lawful custody. Students who are 18 years or older will sign on their own behalf.)

Name of Parent/Guardian: _____

(Please print)

Signature of Parent/Guardian: _____Date: _____

Medical Information Form

The collection and retention of the information requested on this form is authorized and governed by the *Education Act*, *Municipal Freedom of Information and Protection of Privacy Act*, *and the Personal Health Information Protection Act.*

The following information will be helpful to the teacher in making your child/ward comfortable and safe.

Student: _____ Date of Birth: _____

Teacher: _____ Grade/Class: _____

Parent/Guardian: _____ Telephone: (H) _____ (B) _____

Ontario Health Number: _____ Family Doctor: _____ Telephone: _____

Medical Conditions

Please indicate any significant medical conditions, physical limitations, or any other concerns that might affect your child's/ward's full participation in excursions/school activities.

θ Asthma	θ Fainting Spells	θ History of head injuries	θ Rheumatic Fever
θ Chronic Nosebleed	θ Feet or Leg problems	θ Migraine	θ Seizures
θ Diabetes	θ Hemophilia/Bleeding disorders	θ Rash	θ Sleepwalking
θ Digestive upsets	θ Heart problems	θ Recent illness or operation	θ Urinary infections
θ Ear, Nose, Throat infections	θ Hernia	θ Other _____	

θ Dislocated shoulder; swollen, painful joints; 'trick or lock' knee or other joint disability

Give details of usual treatment for each of the above conditions indicated: _____

_____

Please explain if your child/ward has any medical condition that requires any modification of his/her program. _____

_____

Allergies/Asthma

Please list all known confirmed allergies to the following:

(a) Foods: _____

If foods are life-threatening, please explain the symptoms and the treatment: _____

_____

(b) Medications: _____

(c) Other (e.g., bee or wasp stings, environmental allergies): _____

Has your child/ward suffered any serious allergic or asthmatic reaction?

If so, please provide details, including the type and severity of reaction: _____

Is allergy considered: Mild____ Moderate____ Serious____ Life-Threatening____

Has a doctor prescribed an Epi-Pen for your child/ward? Yes____ No____

Has a doctor prescribed an inhaler for asthma? Yes____ No___ (Prescribed asthma inhalers must be carried by the student on the excursion.)

Has a doctor prescribed an inhaler for any other reason? Yes____ No____

Dietary Restrictions

Please list any foods your child/ward should not eat for medical, dietary, or religious reasons: _____

_____

Medication

Does your child/ward take prescribed medication on a regular basis? Please specify: _____

What prescribed medication(s) should your child/ward have with him/her during the excursion? _____

General

(1) Does your child/ward wear or carry medical alert identification (e.g., bracelet)? Yes____ No____

If yes, please specify what is written on it: _____

(2) Does your child/ward have any other relevant medical condition that will require modification of the program? Yes____ No____

If yes, please explain: _____

(3) Does your child/ward have any special fears or conditions (e.g., anxiety, bed-wetting, and nightmares), the knowledge of which will allow the teacher to make the student's excursion more relaxed? Yes____ No____ If yes, please explain: _____

Should it become necessary for my child/ward to have medical care, I hereby give the teacher permission to use her/his best judgment in obtaining the best of such service for my child/ward. I also understand that in the event of such illness or accident, I will be notified as soon as possible.

Name of Parent/Guardian: _____ *(Please print)*

Signature of Parent/Guardian: _____ Date: _____

Acknowledgement

Student Information	
Last Name:	First Name:

Code of Conduct

I understand that the conduct of students, staff, parents and visitors to the school is governed by the School's *Code of Conduct*, the *TDSB Code of Conduct*, and the *Provincial Code of Conduct*, in addition to the *Education Act*.
I will read the School *Code of Conduct* and discuss it with my child at the beginning of the school year. I understand that a breach of the *Code of Conduct* by my child may result in disciplinary or legal consequences in accordance with the TDSB Caring and Safe Schools policies and procedures and/or applicable legislation. I understand that the Principal is available to explain the *Code of Conduct* to me and my child.

The *TDSB Code of Conduct* is available at: http://www.tdsb.on.ca/AboutUs/Detail.aspx?docId=1714
The *Provincial Code of Conduct* for schools is available at: http://www.edu.gov.on.ca/extra/eng/ppm/128.pdf
Caring and Safe School resources are available at: http://www2.tdsb.on.ca/ppf/uploads/files/live/98/220.pdf

Code of On-line Conduct

I understand that the TDSB has a *Code of On-Line Conduct* that applies to students, staff and all other users of electronic resources accessed through the facilities of the Board including the Internet. The *Code of On-Line Conduct* includes sections covering Personal Safety Rules, Unacceptable Sites and Materials, Use Guidelines, Prohibited Use and Activities, On-Line Publishing, and Liability.

I acknowledge that the TDSB expects that students will adhere to the *Code of On-Line Conduct* and be responsible in their use of the Internet through the facilities provided by the Board.

I will read the *On-line Code of Conduct* and discuss it with my child at the start of the school year. I understand that if my child breaks the rules, computer access privileges may be suspended and that further discipline or appropriate legal action may be taken. The *Code of On-line Conduct* is available on the TDSB Website at:
http://www2.tdsb.on.ca/ppf/uploads/files/live/96/294.pdf

Acceptable Use of Information Technology Resources

The *Acceptable Use of Information Technology Resources* Policy provides users with Information Technology Resources for educational and business purposes dedicated to improving student success, achievement, and well-being, as well as providing a safe, nurturing, positive, and respectful learning environment through the use of Information Technology Resources that is in compliance with applicable law, and related TDSB policies and procedures. The Policy and all related procedures apply to all users who access the TDSB's Information Technology Resources. The *Acceptable Use of Information Technology Resources Policy* is available at:
http://www2.tdsb.on.ca/ppf/uploads/files/live/96/1933.pdf or upon request from the school principal.

STUDENT DECLARATION:

I have read the School Code of Conduct and the TDSB Code of On-Line Conduct, and Acceptable Use of Information Technology Resources Policy.

Name:_____ Grade: _____

Signature:_____ Date: _____

PARENT/GUARDIAN DECLARATION:

I HAVE READ and UNDERSTOOD the School Code of Conduct, TDSB On-Line Code of Conduct and the Acceptable Use of Information Technology Resources Policy, and I am responsible for ensuring that my child understands these policies and procedures and will adhere to them.

Name of Parent/Guardian: _____

(Please print)

Signature of Parent/Guardian: _____Date: _____

Medical Conditions

PLEASE NOTE: ***The content on this page is for information only.***

Parents/Guardians are expected to review and update medical information with the school on an annual basis.

Life Threatening Allergies

Anaphylaxis is a serious allergic reaction. It can be life-threatening. Food is the most common cause of anaphylaxis, but insect stings, medicine, latex, or exercise can also cause a reaction. The most common food allergens are peanuts, tree nuts, and seafood, egg and milk products.

The TDSB has created a policy and procedure to further support *Sabrina's Law* introduced in January 2006 and to take care of our students at risk of anaphylaxis. Under *Sabrina's Law*, the TDSB has developed:

- Strategies to reduce exposure to allergens.
- Procedures to communicate with parents, students and staff about life-threatening allergies.
- Regular training opportunities for all staff to deal with life-threatening allergic reactions.
- Emergency procedures to cope with the anaphylactic student, including readily-accessible treatment.

Each school also has its own individual plan for each student at risk of anaphylaxis, which includes maintaining a file of the student's medications and emergency contacts.

If your child suddenly becomes ill or has an allergic reaction, school staff will take the appropriate action. Please ensure your school has the most up-to-date emergency contact information. If your child has life-threatening allergies, or if your child needs to be given special medication throughout the day, please speak with your principal to discuss arrangements. For more information, please refer to TDSB Operational Procedure PR563 – Anaphylaxis: http://www2.tdsb.on.ca/ppf/uploads/files/live/100/282.pdf

Asthma

Asthma is a very common, chronic (long term) lung disease that can make it hard to breathe. Asthma can be fatal without proper management and access to medications.

The TDSB has developed operational procedures to support the implementation of *Ryan's Law* (*Ensuring Asthma Friendly Schools), 2015,* which includes:

- Creating a positive environment for students with asthma.
- Special considerations for students with additional needs.
- Roles and responsibilities for elementary and secondary schools.
- Parents will provide school staff with up-to-date information about their student's asthma. Information should be provided to the school at the start of each school year.

For more information, please refer to TDSB operational procedure PR714 –Asthma Management: http://www2.tdsb.on.ca/ppf/uploads/files/live/98/1764.pdf

Diabetes

Diabetes is a serious disease that impairs the body's ability to use food properly. In students with diabetes, insulin is either not produced or does not work efficiently. Without insulin, glucose builds up in the blood stream and the body begins to break down fat to be used for energy. The body creates ketones and an excess of this material can result in severe complications that can result in coma and/or death. Effective practices in managing Diabetes in Schools include:

- Blood glucose monitoring/insulin injection.
- Proper timing of meals and snacks to maintain proper blood sugar levels. Students need the opportunity to eat all meals and snacks fully and on time.
- Emergency food supplies that include oral glucose, juice and/or fast acting sugar should be available in other locations in the school.
- Parent/guardian/caregiver provides, maintains, and replenishes all food and necessary diabetic supplies.
- The development of a Diabetes Management Plan for each student who is identified with diabetes. The plan will be implemented in accordance with the medical requirements for each student.

For more information, please also refer to the TDSB operational procedure PR607 – Diabetes Management: http://www2.tdsb.on.ca/ppf/uploads/files/live/98/1764.pdf