

# CHECK LIST

Dear Parents:

Please take the time to carefully read all enclosed documents. We have provided a checklist for your convenience. Please complete and return all forms by August 1<sup>st</sup>.

If you have any questions, please do not hesitate to contact the School.

Thank you in advance.

- Acknowledgement of Risk – Informed Consent Form  
*please see separate **link**, “Risk Management Package Information” for detailed information*
- Parent / Student Contact Information
- Special Dietary Requirements
- Transportation Details for Air Travel
- School Publications / Advertising Consent Form
- Health Information Update and Consent for Immunization
- Health Care Coverage
- Credit Card Authorization (*optional*)
- Shawnigan Parents’ Association Directory *release of information (optional)*

Shawnigan Lake School  
1975 Renfrew Road  
Shawnigan Lake, BC V0R 2W1

Phone: 250 743 5516  
Fax: 250 743 6200  
Email: [rtaylor@shawnigan.ca](mailto:rtaylor@shawnigan.ca)  
Website: [www.shawnigan.ca](http://www.shawnigan.ca)



Shawnigan Lake School

*For details, please read the separate [link](#) "Risk Management Package Information"*

**Informed Consent Form  
For the Academic Year 2011- 2012**

I have discussed the risks and expectations of these activities with my child/charge, and have confidence that my child/charge has understood them. I have read this agreement at my leisure, understand the nature of its intent and its contents as well as the outline of the activities provided to me as an attachment to this Informed Consent Form. I am now prepared to allow my child/charge to proceed with these activities as they wish.

Please permit my child/charge the opportunity to participate in these activities.

**Student's Name:** \_\_\_\_\_  
(Please Print)

**Parent Signature:** \_\_\_\_\_

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

**Your signature on this form is required in order to ensure that you, as the parent or guardian of the above named child, are conversant with the details of the proposed activity and aware of possible hazards. Until this form is received by the School, your child(ren) may only be allowed limited participation in some activities.**

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# PARENT/STUDENT CONTACT INFORMATION 2011-2012



**STUDENT NAME** \_\_\_\_\_  
 Name (Preferred) Middle Initial Last Name Full Legal Name (\*\*Must be completed\*\*)

\_\_\_\_\_

Street Address City Province/State Postal Code Country

**HOME TELEPHONE:** \_\_\_\_\_ **LANGUAGE SPOKEN AT HOME:** \_\_\_\_\_

**GENDER:** Male  Female  **Personal Education Number** from previous School (BC Students Only): \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Are parents divorced? Yes  No   
 separated? Yes  No

If yes, student PRIMARY residence is with: **Father**  **Other**   
**Mother**

Where parents are **divorced** or **separated**, who receives the following:

	<b>Father</b>	<b>Mother</b>	<b>Other</b>
Billing Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Correspondence/Report Card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### FATHER/GUARDIAN

\_\_\_\_\_

First Name Initials Last Name

Preferred Name: \_\_\_\_\_

Title (Dr., Mr., etc.): \_\_\_\_\_

Spouse's Name: \_\_\_\_\_  
 (if different from Mother)

\_\_\_\_\_

Street Address

\_\_\_\_\_

City Province/State Postal Code/Zip

\_\_\_\_\_

Country

### MOTHER/GUARDIAN

\_\_\_\_\_

First Name Initials Last Name

Preferred Name: \_\_\_\_\_

Title (Dr., Mrs., Ms., etc.): \_\_\_\_\_

Spouse's Name: \_\_\_\_\_  
 (if different from Father)

\_\_\_\_\_

Street Address

\_\_\_\_\_

City Province/State Postal Code/Zip

\_\_\_\_\_

Country

Home Telephone: \_\_\_\_\_

Home Fax: \_\_\_\_\_

Cellular Telephone: \_\_\_\_\_

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

Business Name/Employer: \_\_\_\_\_

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

\_\_\_\_\_

Business Telephone: \_\_\_\_\_

Business Fax: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Home Fax: \_\_\_\_\_

Cellular Telephone: \_\_\_\_\_

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

Business Name/Employer: \_\_\_\_\_

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

\_\_\_\_\_

Business Telephone: \_\_\_\_\_

Business Fax: \_\_\_\_\_

**Please specify the email to be used for general correspondence/report cards and billing.** (Note that our system can only support one email per family at this time): \_\_\_\_\_

**EMERGENCY CONTACT (In the event a parent/guardian cannot be reached) This person should reside within a reasonable distance of the School (i.e. Vancouver Island or the Lower Mainland) and we require their address, phone numbers and e-mail.**

\_\_\_\_\_

First Name Initials Last Name

Title (Dr., Mr., etc.): \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

\_\_\_\_\_

Street Address City Province/State Postal Code/Zip Country

Home Telephone: \_\_\_\_\_ Cellular Telephone: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

This information is required in order that the School may know how to contact the parent(s)/guardian(s) or emergency contact of a student at the School, should it be necessary. This information may also be used for general administrative activities of the School, other matters of interest, or for fundraising or archival purposes.

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# TRANSPORTATION DETAILS FOR AIR TRAVEL 2011-2012



STUDENT'S NAME: \_\_\_\_\_

PARENT CONTACT #: \_\_\_\_\_

**Please select one of the following options:**

**OPTION 1** – Yes, I would like to book airline tickets myself.

**If you choose to book your child's airline tickets yourself, please follow the criteria outlined below:**

**Flights must be booked in accordance with the School's schedule.** If you are booking outside the established schedule, you are required to obtain "Early Leave" permission from Mrs. Kingstone, Deputy Head.

Please allow a minimum of 2 1/2 hours for travel from Shawnigan to the airport. This will facilitate actual travel time and check-in. (International flights will need approx. 3 hours.)

In order to schedule transportation to or from the Victoria Airport, an email (or fax) copy of a student's flight itinerary must be sent to the Transportation Department **TWO WEEKS** prior to the travel dates.

Flights arriving at the Victoria Airport should arrive no later than 7:00 pm in order allow for travel time to the School.

**OPTION 2** – Yes, I would like to take advantage of the Shawnigan Lake School Flight Booking Service.

**Shawnigan Lake School, in partnership with Duncan Hill Travel, offers a flight booking service that will provide:**

Economic fares for flights that coordinate with the School's Leave Schedules and Policies.

**Automatic** scheduling of ground transportation to/from the airport.

An email copy of your child's itinerary sent to your email address once bookings are made.

the opportunity to use your own air miles schemes for the flight booking (due to privacy issues, your permissions must be provided to Hill Travel to give them access to your files).

*Please complete and return this form along with the Credit Card Form, also included in this Package, as soon as possible. Thank you!*

SCHOOL BREAK	DATES	RECOMMENDED TIMES	PLEASE INDICATE	CITY, COUNTRY & AIRPORT
<b>Thanksgiving</b>	Oct 7/11	12:00 pm (departing flights 2:00 pm, or later)	<input type="checkbox"/>	to: _____
	Oct 10/11	7:00 pm (arrival time into Victoria Airport)	<input type="checkbox"/>	from: _____
<b>Fall Mid-Term</b>	Oct 28/11	4:00 pm (departing flights 5:00 pm, or later)	<input type="checkbox"/>	to: _____
	Nov 6/11	7:00 pm (arrival time into Victoria Airport)	<input type="checkbox"/>	from: _____
<b>Christmas</b>	Dec 16/11	9:00 am	<input type="checkbox"/>	to: _____
	Jan 4/12	7:00 pm (arrival time into Victoria Airport)	<input type="checkbox"/>	from: _____
<b>Ski-Week at Manning Park, BC</b>	Jan 29/12 – Feb 3/12			
<b>Winter Mid-Term</b> (Leaving from Manning Park)	Feb 3/12	2:00 pm <b>IMPORTANT: flights to depart from Vancouver or Abbotsford</b>	<input type="checkbox"/>	to: _____
	Feb 7/12	7:00 pm (arrival time into Victoria Airport)	<input type="checkbox"/>	from: _____
<b>Spring Break</b>	Mar 9/12	4:00 pm (departing flights 5:00 pm, or later)	<input type="checkbox"/>	to: _____
	Mar 25/12	7:00 pm (arrival time into Victoria Airport)	<input type="checkbox"/>	from: _____
<b>Easter Break</b>	Apr 5/12	4:00 pm (departing flights 5:00 pm, or later)	<input type="checkbox"/>	to: _____
	Apr 8/12	7:00 pm (arrival time into Victoria Airport)	<input type="checkbox"/>	from: _____
<b>Spring Mid-Term</b>	May 17/12	4:00 pm (departing flights 5:00 pm, or later)	<input type="checkbox"/>	to: _____
	May 21/12	7:00 pm (arrival time into Victoria Airport)	<input type="checkbox"/>	from: _____
<b>Closing Day</b>	Jun 23/12	4:00 pm (departing flights 5:00 pm, or later)	<input type="checkbox"/>	to: _____

*\*Provincial Exams for Grade 10 Continue through Jun 22/12 & Grade 12 Optional Exams Continue through Jun 28/12*

If you prefer West Jet please check here

*If you have questions regarding student travel, please feel free to contact us!*

**Sharlene Quinn, Transportation Manager**

**Cindy Jones, Duncan Hill Travel**

**Phone:** (250) 743-6217 **Email:** [transportation@shawnigan.ca](mailto:transportation@shawnigan.ca)

**Phone:** (250) 748-0391 **Email:** [cindy-duncanhill@shaw.ca](mailto:cindy-duncanhill@shaw.ca)

**SCHOOL PUBLICATIONS / ADVERTISING CONSENT FORM**  
**2011 / 2012**



Dear Parent/Guardian,

Shawnigan Lake School continues to work hard to comply with all applicable privacy rules and regulations established by both the Provincial and Federal Governments, including the B.C. *Personal Information Protection Act*, while at the same time providing our School community (parents, students, alumni, etc.) with information about the myriad activities and accomplishments of our students.

Our students are the greatest representatives we have. As you may already be aware, photographs and videos featuring students are used throughout our promotional materials (such as the prospectus and website) and in newsletters and other publications produced by the School. They may also be used in advertisements placed in newspapers and magazines, and in other web and print publications. In addition, we want the general public to be aware of notable awards and achievements; in most cases this requires us to send out press releases and to contact the media to inform them of such things.

Should the opportunity arise to feature the accomplishments of your son/daughter, we would like your permission to use photographs and videos that include your child in any or all of the above-mentioned ways. Rest assured that the focus of all promotional materials and publications is in celebrating the achievements of our fine students.

Please fill out and return the consent form below.

**YES** I consent to having photographs or videos that include my child published by Shawnigan Lake School as described above.

**NO** I do not consent to having photographs or videos that include my child published by Shawnigan Lake School as described above.

**STUDENT NAME:**

\_\_\_\_\_

**PARENT/GUARDIAN NAME:**  
(PLEASE PRINT)

\_\_\_\_\_

**PARENT/GUARDIAN  
SIGNATURE:**

\_\_\_\_\_

**DATE:**

\_\_\_\_\_

**(Please Note:** Should we ever wish to use both your child's name and photograph together, such as in an advertisement for an Admissions' presentation in a particular town or city, or in a news release, both the parents' and student's express permission will be sought).

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**Health Information Update  
and  
Consent for Immunization**

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

House: \_\_\_\_\_

Grade: \_\_\_\_\_

**Update for returning students:**

Please provide details of important health concerns or new health information regarding your child.  
( i.e. medications, accidents, illnesses, special needs, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your child **ALLERGIC** to any medicines or food? If **YES**, please describe their reaction:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VACCINATION CONSENT**

**Influenza Vaccine**

We recommend that students receive the “Flu” vaccine every November. We encourage you to research information about this vaccine prior to the beginning of the school year. The cost of this vaccine is \$20.00.

*I/we give consent for this annual immunization.*                      Yes •                      No •

**Meningitis Vaccine**

**New** international or out of province students who **have not** been immunized with the Menjugate C vaccine are advised to receive this immunization. This vaccination is provided through Public Health , free of charge, available through the Health Centre.

*I/we would like my child to receive this immunization.*                      Yes •                      No •

Parent signature: \_\_\_\_\_

This information is required in order that we may provide your child/charge with medical services as required. Safeguarding personal information is a fundamental concern of Shawnigan Lake School. The School does not sell, lease or trade information about you to other parties and is committed to meeting or exceeding the privacy standards established by British Columbia’s Personal Information Protection Act (PIPA) and any other applicable legislation. A full copy of the School’s Privacy Policy is available from the Business Office.

**MEDICAL DEPARTMENT**  
**HEALTH CARE COVERAGE FOR 2011-2012**



STUDENT NAME: \_\_\_\_\_ PARENT NAME: \_\_\_\_\_

*Health Care coverage **must** be in place for your son/daughter **before** he/she commences classes at Shawnigan Lake School. To do so, please complete one of the following four options.*

**OPTION 1 CANADIAN STUDENTS**

If your son/daughter has an active Provincial Medical Number please enter this information below.

MEDICAL NUMBER \_\_\_\_\_ PROVINCE \_\_\_\_\_

\_\_\_\_\_  
Signature Date

**OPTION 2 INTERNATIONAL STUDENTS**

**INTERNATIONAL STUDENT HOSPITAL/MEDICAL INSURANCE COVERAGE**

Includes medical, hospital and prescription drug coverage. (see attached insert Johnson Fu Insurance Agency Inc.) Cost \$550 per year. Application must be made prior to the commencement of the school year and coverage will be active for 12 months.

- *Yes, I wish to have my son/daughter apply for International Student Hospital/Medical Insurance coverage with Johnson Fu Insurance Agency Inc. Please bill my account.*

\_\_\_\_\_  
Signature Date

**OPTION 3 INTERNATIONAL STUDENTS**

Temporary insurance and medical coverage is available through the Province of British Columbia. Application for coverage must be made prior to the commencement of the school year and will be active from September 1, 2011 to September 1, 2012. The charge is approximately \$60.00 per month. (*see sheet with MSA information*)

- *Yes, I wish to have my son/daughter apply for temporary British Columbia Medical Insurance. Please bill my account.*

\_\_\_\_\_  
Signature Date

**IMPORTANT** In addition to your signature, **COPIES** of the student's **Passport and Canada Student Visa and Birth Certificate** are required. **Please attach copies or bring documents to Opening Day and meet with the Nurse.**

**MEDICAL DEPARTMENT**  
**HEALTH CARE COVERAGE FOR 2011-2012**



**STUDENT NAME:** \_\_\_\_\_

**PARENT NAME:** \_\_\_\_\_

**OPTION 4** **PRIVATE INSURANCE PLAN**

If you have private insurance coverage and **you wish to be personally invoiced** for all Medical Expenses incurred by your son/daughter while at the school and in Canada please sign below.

*Yes, my son/daughter is insured under my private medical plan with:* (Please submit copy of insurance policy.)

\_\_\_\_\_  
**Company or Corporation**

\_\_\_\_\_  
**Signature**

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

This information and copies of the Student's Passport, Canada Student Visa and Birth Certificate are required so that the School may ensure that your child/charge has medical coverage while a student at the School.

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## Shawnigan Lake School Parent Directory

*Please submit this form once only. Contact us if you wish to be removed from the Parent Directory, otherwise, your information will remain for the duration of your son/daughter's Shawnigan Lake School career.*

**STUDENT NAME:** \_\_\_\_\_

In an effort to facilitate communication between and among current parents, the School has established a Parent Directory on the password protected intranet. The information found there may be used also by members of the Shawnigan Parent Association (SPA) Executive committee in order to communicate with you about events at the School or to contact you about volunteering at a school function.

The Directory only includes the following contact information that you have already provided for the School:

- Your name
- Your spouse's name
- Your son/daughter's name, House, and graduating year
- Current address (place of residence)
- Preferred contact number (either home, cell or both)
- Email address

Due to privacy laws, we must obtain your permission to include this information in the Directory. If you consent to the inclusion of the above information in the online Shawnigan Lake School Parent Directory for the above stated purposes, please sign in the space provided below.

Please note that in giving your consent, you are agreeing not to share this information or use this information for any purposes other than communicating with current Shawnigan Lake School parents.

Sincerely,  
Trish Letient  
President  
Shawnigan Lake School Parents' Association  
July 2011

I consent to having my personal information included in an on-line directory of current parents.

\_\_\_\_\_  
Parent Name *(Please Print)*

\_\_\_\_\_  
Parent Name *(Please Print)*

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Parent Signature

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