

STUDENT TRAVEL DOCUMENTS (FOR PARENTS)

**** Please read carefully****

CHECK LIST - HAND IN ALL DOCUMENTS TO MAIN OFFICE

◇ All forms (with the exception of the Vulnerable Sector Check (formerly Criminal Record Check) and the Child Abuse Register Check must be completed on an **annual basis**.

◇ A photocopy of each of the following current documents must be attached to the J-Form for **each driver and / or each vehicle** prior to approval:

- Driver's License
- Vehicle Permit
- Proof of Insurance
- Proof of Vehicle Inspection (paper provided when vehicle is inspected)

◇ Signatories on the J-Form shall ensure compliance with all provisions outlined in this form and the Transportation Section of this document and in the Strait Regional Centre for Education Transportation Policy found at <https://srce.ca/content/policy-manual>.

◇ By signing the J-Form, the **driver** agrees to advise the Principal immediately of any changes to the status of any of the information and/or documents provided above.

◇ Complete Teacher/Chaperone Consent form.

◇ Complete Confidentiality Agreement form.

◇ Complete Volunteer Application form (please note this form is **double sided**).

** For more information on the policies regarding volunteering, please visit the website <https://srce.ca/sites/default/files//6C1-Volunteers%20in%20the%20School-final-August-5-2015.pdf>

◇ Child Abuse Register form. This form is to be **sent out by the applicant**. It is returned to the applicant and must be submitted to Main Office. It is valid for three (3) years.

◇ Vulnerable Sector Check (formerly Criminal Record Check). Volunteers need to request a check at an RCMP office in the county in which they reside (forms available at RCMP office). See attached waiver letter to waive the \$25.00 fee. The completed check may be picked up by the applicant only and submitted to the Main Office. It is valid for three (3) years.

** If you have previously submitted a Vulnerable Sector Check and Child Abuse Register Check, you may verify its validity by called the school at 902-863-1620.

**From November 1 to April 30 inclusive, all vehicles travelling with students must have winter tires. The Principal (or his/her designate) may inspect any vehicle driven for this purpose.

Strait Regional School Board - Student Travel Procedures, PRO IV-B-6

FORM 'J' Amended

Adapted from the Nova Scotia Utility and Review Board
In the matter of the Motor Carrier Act
CONFIRMATION and UNDERTAKING respecting Clause 42A(2)(b)

THE UNDERSIGNED,

Name: _____

CHECK ONE: Parent Teacher Volunteer

Address: _____

_____ Postal Code _____

Phone: Home _____ Work _____

Motor Vehicle: Year _____ Make & Model _____

hereby confirms that, in respect of the above described vehicle:

- (i) The undersigned possesses a valid motor vehicle liability policy of insurance; providing for \$1,000,000 coverage in the event of personal injury or a passenger;
- (ii) The undersigned possesses a current motor vehicle inspection for the vehicle;
- (iii) The undersigned possesses a valid driver's license for the class of vehicle to be operated;
- (iv) The manufacturer's designated seating capacity will not be exceeded;
- (v) Each seating position is equipped with a seat belt assembly as prescribed in the *Motor Vehicle Act*;
- (vi) Where a passenger vehicle is operated, seat belts will be worn by all passengers; and
- (vii) The driver is not less than 19 years of age, and **does not have the status of a newly licensed driver under the *Motor Vehicle Act*.**

and hereby undertakes, in respect of the above-described vehicle, to maintain the documents described in paragraphs (i), (ii) and (iii) above and to notify the Strait Regional School Board as to any cancellation, alteration or expiry of the documents.

Date

Signature of PERSON NAMED ABOVE

Signature of WITNESS

Please note the following requirements:

- This form must be completed on an annual basis.
- A photocopy of each of the following documents shall be attached to the Form J for each driver prior to approval:
 - Driver's license
 - Vehicle registration
 - Proof of insurance
 - Teacher/Chaperone Consent Form
- Principal/designate is to confirm a current vehicle inspection.
- Both signatories on this Form shall ensure compliance with all provisions outlined in this Form and the Transportation Section of this document. Please refer to Page 5.
- By signing this Form, the driver agrees to advise the Principal immediately of any changes to the status of any of the information and/or documents provided above.

Teacher/Chaperone Consent Form

School: Dr. John Hugh Gillis Regional High School

School Trip: _____

Trip Duration: _____

OR

Team Schedule is attached

Chaperone Name: _____

Responsibilities of School Chaperones:

- Be familiar with the Appendix B Guidelines for Volunteers from Policy 6C1
- If not an employee of the Strait Regional School Board, provide an acceptable Child Abuse Registry Check and Criminal Records Check;
- Provide appropriate supervision/care to students on the above-noted trip;
- Promote an attitude of cooperation and safety awareness among students;
- Report issues related to student behaviour to the teacher chaperone;
- Be aware of any allergies/medical conditions and treatments of the students travelling;
- Refrain from drinking alcohol or taking illegal drugs during the duration of the trip;
- Maintain regular contact with the school administration with travel updates;
- Contact the school Principal and parents/guardians as soon as possible in the event of student incidents occurring during the trip;
- Any driver transporting students is expected to transport students directly to the school event and directly back to the school or, if appropriate, to the students' home. The SRSB will not sanction any unauthorized side trips, detours or diversionary stops;
- For travel outside of Canada, ensure that a copy of the student passport is taken prior to leaving and secured during the trip by the lead chaperone. It is also advisable that a digital copy of the student passports be secured at the school or Regional Office and accessible during the trip;
- For travel outside of Canada, carry student passports until needed by students to ensure safe keeping during the trip; In consultation with the lead chaperone, remain with student(s) that may have to stay in a particular location during the trip or stay beyond the given timeframe of the school trip due to medical concerns, misplaced or lost passports or emergency situations.

I am aware of the responsibilities as outlined in Appendix B Guidelines for Volunteers 6C1 (summarized above) and agree to be a chaperone on the trip indicated.

Signature of Teacher/Chaperone

Date

	The School Community PRO VI-C-1
STRAIT REGIONAL SCHOOL BOARD <i>Excellence in Lifelong Learning</i> PROCEDURES	Community Relations Volunteers in the School
	Adopted: April 14, 2004 Received: August 5, 2015 Page: 7 of 23

Appendix A: Volunteer Application Form (This form will be kept on file at the school.)

Part 1

In order to ensure the safety of students, all volunteers other than those specific to student travel, must complete this form and comply with the Volunteers in the School Policy VI-C-1 and supporting procedures, PRO VI-C-1. **This application process does not include visitors to the school.**

All potential/prospective volunteers shall complete and provide this Application Form to the Principal of the school at which you wish to volunteer.

Volunteer's Name: _____

Volunteer's Role: _____

I have a student registered in this school and I have the same address found in PowerSchool.
 Student Name(s): _____

I do not have a student registered in this school and my mailing address is:

Telephone

Email:

Please provide two references (not including family members). It is at the Principal's discretion as to whether or not a reference check will be completed.

Name

Telephone Number

I am aware that I am required to complete a Child Abuse Register Request for Search Form A and submit it to **Dr. John Hugh Gillis Regional High School**.

I am aware that I am required to complete a Vulnerable Sector Check and submit it to **Dr. John Hugh Gillis Regional High School**.

Both of these documents are required and must be received prior to approval being granted to provide volunteer service.

Signature: _____ Date: _____

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Part 2

Once approved:

- I am an approved volunteer at **Dr. John Hugh Gillis Regional High School** and authorize the sharing of my documentation to the school named in this application.
- I have been provided with a copy and have reviewed the Volunteers in the School Policy VI-C1 and supporting procedures, PRO VI-C-1.
- I have been provided a copy, have reviewed and signed the Confidentiality Agreement.
- I have been provided a copy and have reviewed the School Board Policy V-B-7, Allegations of Sexual Misconduct Involving Students, and supporting procedures, PRO V-B-7.
- I have been provided a copy and have reviewed the Guidelines for Volunteers.

By signing below, I am indicating that I have read all of the above documents. In addition, I am agreeing to the Guidelines for Volunteers as outlined and those specifically provided by the Principal for my respective volunteer role.

Volunteer Signature: _____ Date: _____

I have approved the above-named volunteer, have provided him/her with all required documentation and reviewed with them their role within my school.

Principal Signature: _____ Date: _____

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Appendix F: Confidentiality Agreement

Introduction

Privacy and the protection of confidential and personal information is a serious issue and one of which all employees and volunteers need to be aware when undertaking their role with the Strait Regional School Board. Failure to do so can have legal ramifications. Employees and volunteers also need to be aware that confidentiality still applies after employment and volunteerism with the Board ceases.

Definitions

For the purposes of this agreement, the following definitions apply:

“Employee” means a person employed by, or in an employee-like relationship, with the Strait Regional School Board.

“Board” means offices, schools and work sites of the Strait Regional School Board.

“Supervisor” is the person to whom the employee or volunteer reports.

“Volunteer” is an individual, who is not an employee of the Strait Regional School Board, and who interacts with students or groups of students as defined in the Volunteers in the School Policy VI-C-1.

‘Confidential information’ means:

- (a) or an opinion about an individual whose identity is apparent or can be reasonably ascertained from the information or opinion whether true or not. That is, information which allows an individual to be identified; or
- (b) any information that the Strait Regional School Board specifies as confidential; or
- (c) any information not on the public record and not available upon request.

Confidential information can appear in any form and be recorded on any medium, including but not limited to:

- (b) Written records
- (c) Electronic records
- (d) Social media
- (e) Information conveyed verbally

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In accordance with Section 3(1)(i) of the Freedom of Information and Protection of Privacy (FOIPOP) Act, “personal information” means recorded information about an identifiable individual, including:

- i. the individual’s name, address or telephone number,
- ii. the individual’s race, national or ethnic origin, colour, or religious or political beliefs or associations,
- iii. the individual’s age, sex, sexual orientation, marital status or family status,
- iv. an identifying number, symbol or other particular assigned to the individual,
- v. the individual’s fingerprints, blood type or inheritable characteristics,
- vi. information about the individual’s health-care history, including a physical or mental disability,
- vii. information about the individual’s educational, financial, criminal or employment history,
- viii. anyone else’s opinions about the individual, and
- ix. the individual’s personal views or opinions, except if they are about someone else.

This agreement has been developed by the Strait Regional School Board to ensure that you understand your responsibilities. If you do not understand any part of this document or if you have uncertainties about its interpretation, you should discuss the matter with your Supervisor or designate. **Please read the Confidentiality Undertakings carefully.**

Confidentiality Undertakings

- i. I will comply with the legislation, policies and procedures of the Strait Regional School Board relating to confidentiality.
- ii. The employee and/or volunteer regards as confidential, and does not divulge other than through professional channels any information of a personal or domestic nature concerning either students or their home environment, obtained through the course of his/her professional and/or volunteer duties.
- iii. I will not disclose confidential information to any third party without the prior permission of the Strait Regional School Board.
- iv. I will not copy or remove original files, forms or other confidential documents from offices, schools and work sites of the Strait Regional School Board.
- v. I understand that my obligations under this Agreement continue to have full force and effect when I am no longer an employee or volunteer of the Strait Regional School Board.

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THIS AGREEMENT is made on the _____ day of _____, 20____

BETWEEN

STRAIT REGIONAL SCHOOL BOARD

AND _____

SIGNED for and on behalf of the **STRAIT REGIONAL SCHOOL BOARD**

Trevor Maclsaac, VP
INSERT NAME and TITLE

Date

Declaration

I declare that I have read this confidentiality agreement and understand my responsibilities regarding the privacy and the protection of confidential and personal information. I understand that a breach of this agreement may impact on the right to privacy of an individual or Board and may lead to legal and/or disciplinary proceedings.

SIGNED by _____
Signature of Volunteer or Employee

Date

In the presence of

Signature of Supervisor

Date

1 Will you have contact with children under age 16?

Yes, complete this form No, do not complete this form. We cannot search the register for your name.

We are authorized to search the Nova Scotia Child Abuse Register **only if** you have contact with children under the age of 16. **Search results are for Nova Scotia only.**

2 Give your personal information (please print)

Last name: _____ First name: _____
Middle names: _____ Last name at birth: _____
All other last names during your lifetime: _____
Commonly used names, nicknames, aliases: _____
Date of birth (dd/mm/yyyy): _____ Gender: Male Female Transgender
Health card number: _____ Drivers license master number: _____
Current mailing address: _____ Apt/Unit #: _____
City: _____ Postal Code: _____
Phone: Home (xxx-xxx-xxxx): _____ Cell (xxx-xxx-xxxx): _____
Are you a current or former resident of Nova Scotia? Yes No

3 Attach photocopy to prove your identity

Include proof of your identity. Attach a photocopy of your valid Canadian: Driver's license, Health card or Passport

If you do not have proof of your identity, please contact us at the number listed at the bottom of this form.

4 Sign the request and certification

Please **confirm** that my name is not entered in the Nova Scotia Child Abuse Register.

I **certify** that the information given on this form is correct.

Signature: _____ Date: _____

5 Send the form to us

Private and Confidential
Child Abuse Register
Department of Community Services
P.O. Box 696
Halifax, Nova Scotia B3J 2T7

We will send confirmation that your name does not appear on the register to the mailing address you gave above. You may share this letter with volunteer organizations and/or employers.

Questions? Call 902-424-6798


For staff use only

As of this date, _____ the name of the above **HAS NOT** been entered in the Child Abuse Register.

Consent withdrawn by applicant

Authorized signature: _____

Certified by the Department of Community Services
Child Abuse Register
(stamp)





DR. JOHN HUGH GILLIS REGIONAL HIGH SCHOOL

105 BRAEMORE AVENUE
ANTIGONISH, NOVA SCOTIA
B2G 1L3

Phone (902) 863-1620 / Fax (902)863-8284

Jack MacDonald, Principal

Suzanne Delaney, Vice Principal
Trevor MacIsaac, Vice Principal
Allan Briggs, Guidance Counsellor
Ann MacFarlane, Guidance Teacher

Date: _____

To Whom it May Concern:

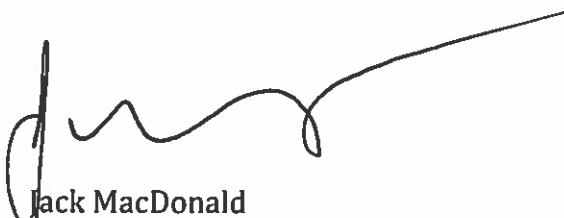
This letter confirms that **NAME:** _____ **(DOB:** _____ **)** will be volunteering in at the Dr. John Hugh Gillis Regional High School. A Vulnerable Sector Check is mandatory by the Strait Regional Centre for Education. Your assistance in processing this form is appreciated.

These volunteers will have the trust of vulnerable persons such as Children, Youth, and the Elderly. They may also be in a position to work with persons with social, physical, developmental, emotional and/or other disabilities.

Volunteers should be prepared to complete the form on site at the RCMP office. This will take approximately 15 minutes. Processing times vary from one to two weeks.

Should you have any questions, please contact the undersigned.

Sincerely,



Jack MacDonald
Principal