



School District No. 91 (Nechako Lakes)
Career & Trades Programs

School District No. 91

District Career & Trades Programs Coordinator
Darren Carpenter

Ebus Academy
Bag 8000
187 E. Victoria St
Vanderhoof BC V0J 3A2

Career Coordinator
Chris Mushumanski 1-800-567-1236 ext 2258
Fax: (250) 567-3943

APPLICATION FORM - PROJECT HEAVY DUTY
APRIL 21, MAY 4 & 5 2017

Name: _____ Date: _____

Address: _____

Home Phone: (____) _____ School: Ebus Academy

Age: _____ Grade: _____

Please answer the following questions:

Why do you want to take part in Project Heavy Duty? _____

What previous experience have you had with heavy equipment? _____

What are your future plans? _____

What are your career plans? _____

List any volunteer work you do or plan to do in your community _____

Parental/Guardian Request:

1. I, _____ request that my son/daughter _____, be considered for PROJECT HEAVY DUTY. Should he/she be selected, I agree that in case of accident, the equipment suppliers and owner operators will not be held liable. Her/she has my permission to participate in all activities and field trips during the project.
2. I give my consent for the publication of my child's name, photograph and/or comments for purposes consistent with Project Agriculture.
3. **I understand that ensuring proper/adequate insurance coverage for your son/daughter is the sole responsibility of the parent/guardian.** www.insuremykids.com is just one of the online insurance websites available.

(Date)

(Signature of Parent/Guardian)

PLEASE NOTE:

1. The \$25.00 registration fee will cover expenses including all meals and coffee/snack breaks.
2. Suitable work clothes will be necessary: work boots, or rubber boots (hard toe preferably); hard hat (will be supplied); work pants (jeans or other heavy material); warm coat and gloves. Rain gear is suggested if the weather is poor.
3. Students will be expected to spend the whole day on the project and **participate in each day of the program** in order to receive full credit for completing the project.
4. Bus Transportation can be provided, contact Chris for details.
5. **No student vehicles will be permitted on site!**

SCHOOL DISTRICT No.91 (Nechako Lakes)



PROJECT HEAVY DUTY 2017

FOIPOP RELEASE FORM

In Accordance with the Freedom of Information and Protection of Privacy Act, School District No. 91 (Nechako Lakes) requires consent to allow district staff and the media to photograph individual students and groups of students to commemorate events and to promote various cultural, sports and educational events taking place in the district. While photographs add to the community life of our school, they are not required for educational purposes. Therefore, consent for the release of your child's name, photograph and comments are required. Students' names, photographs and comments may be published in school publications and occasionally, in the media.

_____ Yes, I give my consent for the publication of my child's name, photograph and comments for purposes consistent with the above.

_____ No, I do not permit the publication of my child's name, photograph and comments for purposes consistent with the above.

(Signature of parent or guardian)

(Date)



STUDENT INFORMATION FORM

2016/2017

Related Policy: Policy No. 603.1 – Field/Sports Trips

To be filled out by the Parent/Guardian

STUDENT NAME: _____

Emergency Contact Information

Parent/Guardian #1: _____ Phone #1: _____ (cell/work/home)
Phone #2: _____ (cell/work/home)
Parent/Guardian #2: _____ Phone #1: _____ (cell/work/home)
Phone #2: _____ (cell/work/home)
Emergency Contact Name: _____ Phone #1: _____ (cell/work/home)
Phone #2: _____ (cell/work/home)
Home address: _____

Emergency Medical Information

Provincial Health Care #: _____ Birthdate: _____
Medical Conditions/Dietary Concerns: _____ Medication required: Yes No
Name of Drug _____ Dosage _____
Is there any medical/physical/emotional condition that may affect participation in the activities: Yes No
Please list: _____
My child has Student Accident Insurance: Yes No Plan Name & No.: _____
My child has Out-of-Province Medical Insurance: Yes No Plan name & No. _____

Serious known allergies - *Please list:* _____
Reaction(s) _____
Allergy injections or medication currently prescribed: _____
Carries Epi Pen? Yes No Carries an Ana Kit? Yes No

Rules and Regulations

Is there any other information you feel we should know about your child?
Please list: _____

I understand that if, at any time, on this trip my child is found to be breaking the school rules or specific rules regarding this trip, they may be required to return home at my full cost and obligation, as soon as arrangements can be made.

(Parent / Guardian Signature)

(Date)

We are looking forward to a successful trip, and we sincerely hope that your child will benefit from this experience.

The information supplied on this form is to be regarded as strictly confidential and shall be made available only to appropriate persons as deemed necessary by adult chaperones accompanying students on the trip.