



SCHOOL DISTRICT NO. 73 (KAMLOOPS/THOMPSON)

1383 - 9th Avenue Kamloops, B.C. V2C 3X7 - Telephone: (250) 374 0679 - Fax: (250) 372 1183

To participate in the communication of a FreshGrade digital portfolio, this form must be completed and returned to the school.

Student Name: _____

School: Westsyde Secondary School

FreshGrade is a "digital portfolio" app that provides a platform for student portfolios to be shared with parents instantly on a smartphone, tablet, or computer. The student portfolios may contain personal information such as name, school, grade, marks for assignments, student work, photos, or audio/video recordings of the student and/or his/her work.

In order for parents to access FreshGrade, the School District needs a parent email address. The School District is required by the *Freedom of Information and Protection of Privacy* to obtain the consent of students and their custodial parents before the digital portfolio can be sent to the parent's email address. In accordance with this *Act*, students and custodial parents may provide consent or decline to consent (in which case the student's work will not be shared with FreshGrade), and may provide a further written response.

It is important to be aware that FreshGrade is an online service that is hosted securely inside of British Columbia and Canada. Information in parent email accounts may or may not be located on secure servers located outside of Canada. While stored outside the country, information in the email may be subject to the laws of foreign jurisdictions including, in the United States, the USA Patriot Act. Privacy legislation requires that we inform you of this and obtain your consent to this arrangement.

Consent:

I understand that my (if student is signing) information or my child's (if parent is signing) information will be sent to me at the email address provided. This consent will be considered valid from the date at which it is signed until which point the student named below is no longer a student within the School District, unless at any subsequent time the consent is revoked with written notice delivered to the School District.

Student Signature _____ Date: ____/____/____

Parent/Guardian Signature: _____ Date: ____/____/____

Parent/Guardian email address: _____



Westsyde Secondary School

855 Bebek Road
Kamloops, British Columbia V2B6P2
Telephone: (250) 579-9271
Fax: (250) 579-8194

“Striving for Excellence; Committed to Westsyde!”

Student Name: _____

School Year/Semester: 2017-2018 School Year, Semesters 1 and 2.

Dear Parent:

Teachers at Westsyde Secondary have the opportunity to use a marks program called Checkmyprogress. This program is used to record your son's/daughter's marks for assignments, projects, tests and quizzes. This program enables students and parents to access marks for their son/daughter and receive email updates from the teacher about student progress. Parents and students can also log in to Checkmyprogress in order to check their marks as well as find out what assignments, projects, tests and/or quizzes have not yet been completed. Parents are only able to view the progress of their son/daughter, and students can only check and view their progress.

Checkmyprogress will be used for this school year (2017-2018). The information that will be shared with Checkmyprogress will be limited to: Student first and last name, student email address, parent/guardian email address and enrolled classes. Checkmyprogress privacy policy information can be found at the following website address:

<https://www.docracy.com/0f7zw2sg68v/cmm-student-app-mobile-privacy-policy>

More information about Checkmyprogress can be found at the following website address:

<https://www.checkmyprogress.ca>

Parent/Guardian consent is required prior to using the Checkmyprogress program for your son/daughter. If you consent to the use of Checkmyprogress for your son/daughter for this school year, please sign this consent form below, and have your son/daughter return this form to their A block teacher. If you have any questions and/or concerns regarding this consent form and/or the use of Checkmyprogress, please contact the school.

I _____ give consent for my son's/daughter's teachers to use the
Parent/Guardian name (print)

Checkmyprogress program during the 2017-2018 school year for the purposes of communicating marks
and assessment information for my son/daughter _____
Student name (print)

Parent/Guardian signature: _____