**Informed Consent**

Dear Parent / Guardian,

This year our school will be offering students the use of a school-managed Google Apps for Education (GAFE) Account. GAFE is a free, “walled garden” style learning platform where students can have discussions, share their learning and collaborate on projects. They will also gain access to a document and media creation platform similar to Microsoft Office that includes online cloud storage via through Google Drive. This private online learning environment is teacher managed and students will only be able to interact with others in the class, other teachers, and specific outside agencies based on educational need (Distance Education providers, etc).

We will be using GAFE to: Provide students a set of free tools to do all their work for all classes, store and manage assignments across all platforms (Windows, Mac, iOS, Android, etc), and collaborate and receive feedback among their teachers and peers in real time.

**Benefits of using Google Apps for Education:**

* Provides a safe and easy way to support students both in and outside of the classroom.
* Helps students develop important online skills.
* Facilitates student communication with the teacher to get help or ask questions.
* Provides an easy way for students to keep track of important due dates and tasks.
* Allows students to view missed work when absent from class.
* Allows the teacher to monitor online conversations and intervene when necessary to keep students on task and ensure a safe environment.
* Allows students to access files, links and resources provided by the teacher anywhere there is an internet connection
* Helps foster vibrant learning communities
* Encourages the distinction between “school email” and existing personal student accounts
* Managed and monitored by the school.
* Allow students a way to work at home on any electronic platform/device regardless of software or hardware choices in the home (seamless on Windows, Mac, Linux, iOS and Android)

Please keep page one for your records and complete pages 2 & 3 to be sent back to me for my records. Thank you.

**Teacher Name**

**Contact Information**

Please choose one of the following, if you feel that you do not have enough information to make an informed decision, please contact me to discuss further:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, parent or guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Student Name)

agree to the collection, use, disclosure and storage of my child’s personal information inside or outside of Canada while using the technology described above for the purposes of engaging in the class activities described above. I am aware of and understand the identifiable privacy risks as described above and will support the classroom teacher in minimizing the exposure of my child’s and other people’s personal information while my child is using the technology and review materials the teacher provides.

Please check the first box below if you wish for your child to use a pseudonym for the purposes of this service to minimize exposure of his/her or other people’s information to 3rd parties that are not part of this class or who are not otherwise entitled to this information.

**Student accounts will be deleted upon withdrawal or completion from SCHOOL or at the request of Parent/Guardian**. Students will have the option to download and keep work/data prior to deletion.

|  |  |
| --- | --- |
|  | By checking the box on the left, I request that my child use a pseudonym |

**OR**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, parent or guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

do **NOT** agree to the collection, use, disclosure and storage of my child’s personal information inside or outside of Canada while using the technology described above for the purposes of engaging in the class activities described above and request that an alternative activity be provided for him/her.

|  |  |
| --- | --- |
|  | By checking the box on the left, I request that my child **NOT** participate in the Google activities and ask that an alternative activity be provided for him/her |

This consent is valid for the duration of the student’s enrollment at Mount Sentinel Secondary School unless revoked by me in writing and delivered to the teacher.

We understand the privacy risks and management strategies as they have been shared with us.

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Parent Signature                                                                                  Date

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

Student Signature                                                                                Date

Received by teacher on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_