

CO-CURRICULAR POLICY
CODE: JJ

ADMINISTRATIVE REGULATIONS

Cross Reference: **Supervision of Students Policy - Code: JLIA**
 Volunteers Policy - Code: IJOC
 Student Travel Policy - Code: IJOAB(A)
 School Fundraising Policy - Code: JJE
 Athletics Policy - Code: JJI
 Community Use of Schools: KF

1.0 Approval

- 1.1 The approval of the Administrator/Designate is required before any co-curricular activity/program is deemed appropriate to be offered at school.
- 1.2 The approval of the Administrator/Designate is required before students participate in any co-curricular activity/program off school property. The decision on the feasibility and practicality of the request will be made at the school administrative level and will adhere to pertinent Board Policies (e.g. Student Transportation, Athletics, Student Travel, Supervision, and Community Use of Schools).
- 1.3 The approval of the Director/Designate is required for all participation in co-curricular activities/programs that occur out of province.

2.0 Teacher Participation

- 2.1 Teacher involvement in co-curricular activities/programs is voluntary.
- 2.2 Teachers who choose to participate in co-curricular activities will also be governed by all other pertinent Board Policies (e.g. Student Transportation, Athletics, Student Travel, Supervision, and Community Use of Schools).

3.0 Non teacher participation

- 3.1 Non teachers who choose to participate in co-curricular activities will also be governed by all other pertinent Board Policies (e.g. Athletics and Student Travel, Volunteers).

4.0 Student Participation

- 4.1 Each school may have a policy regarding eligibility for student participation in co-curricular activities/programs. (Note: all interested students in grades K-6 shall be accepted)

- 4.2 The teacher/volunteer in consultation with the school administration and other school personnel shall have the discretion to determine the composition of a given group. In the case of inter-school athletics, the composition of co-curricular teams is further delineated in the Athletics Policy.
- 4.3 The involvement of students in co-curricular activities must be considered a privilege and those who avail of this opportunity must be prepared to accept certain responsibilities. Student involvement will not be restricted by academic achievement or inability to pay. However, involvement may be suspended by the school administration in consultation with other school personnel for such things as persistent disruptive behavior in school, widespread lack of effort in academics, significant amounts of unexcused absences, or other reasons deemed appropriate by the school administration.
- 4.4 Each student K to 12 shall have a statement of authorization signed by parents/guardians for each activity/program and retained on file in the school.
- 4.5 In the event of loss instructional time due to participation in a co-curricular activity, students shall be accountable for all work missed.
- 4.6 If individuals wish to appeal decisions regarding co-curricular involvement, they must follow the Eastern School Board Appeals Policy.

5.0 Types of Activities

- 5.1 Co-Curricular activities/programs may vary from school to school.
- 5.2 A school's decision to participate in a co-curricular activity should take into consideration the impact on other areas of the curriculum.

6.0 Financial Responsibility

- 6.1 Schools have the discretion to charge a fee to offset the cost associated with a co-curricular activity/ program.
- 6.2 If a group participating in a co-curricular activity/program due to no fault of its own, incurs extra expenses (i.e. weather problems, travel problems), the school is responsible.
- 6.3 All fundraising activities for school co-curricular activities must be carried out in accordance with the School Fundraising Policy of the Eastern School District.

7.0 Transportation

- 7.1 All transportation for School Co-curricular activities must be carried out in accordance with the Student Travel Policy of the Eastern School District.

8.0 Supervision

- 8.1 All aspects of supervision during school co-curricular activities must be carried out in accordance with the Student Travel Policy and the Supervision Policy of the Eastern School District.
- 8.2 It is recommended that all supervision be performed by trained teachers. Teachers generally have training and experience dealing with groups of students and are best equipped to discharge the school board's obligation to provide supervision.
- 8.3 Whenever students are traveling overnight on school-sponsored activities they must be accompanied by a teacher employed by the Eastern School District. This requirement may be waived for certain out-of-province trips that are organized by federal or provincial organizations (e.g. When students attend the Forum for Young Canadians).
- 8.4 An itinerary of each overnight co-curricular activity/program shall be given to all parents/guardians of participating students and be available for school use in an emergency.
- 8.5 Non-teaching supervisors, who fulfill the following criteria are permitted to take groups of students on school sponsored activities within the Eastern School District which do not require an overnight stay:
- Possesses the skills and credentials appropriate to carry out the duties assigned to him/her. (The Principal shall also request that the volunteer provide sufficient proof of his/her credentials such as certificates or licenses from the appropriate authorities).
 - Must be at least 21 years of age.
 - Provides a professional and a character reference and consents to the Principal contacting the references.
 - Have a certificate of conduct (including a Vulnerable Sector Check) completed by the RNC/RCMP (see Appendix C).
 - Complete a Volunteer Form (see Appendix A).
 - Must attend a meeting conducted by the principal(or designate) to review expectations of the school including school/district policies respecting discipline, confidentiality, disclosure of abuse and related matters.

- 8.6 Non-teaching supervisors who are employees of Eastern School District and who fulfill the following criteria are permitted to take groups of students on school sponsored activities within the Eastern School District which do not require an overnight stay:
- Possesses the skills and credentials appropriate to carry out the duties assigned to him/her. (The Principal shall also request that the volunteer provide sufficient proof of his/her credentials such as certificates or licenses from the appropriate authorities).
 - Must be recommended by the Principal of the school.
 - Must attend a meeting conducted by the principal(or designate) to review expectations of the school including school/district policies respecting discipline, confidentiality, disclosure of abuse and related matters.
- 8.7 Non-teaching supervisors who fulfill the criteria listed above are permitted to take students to school sponsored events within the Eastern School District which do not require an overnight stay.
- 8.8 All co-curricular events which require an overnight stay either in Eastern School District or outside Eastern School District must have a teacher sponsor present.
- 8.9 Any non-teaching supervisor who does not meet all the criteria listed above, must have a teacher sponsor present during all co-curricular events and practice sessions.
- 8.10 When Non-teaching supervisors are used without a teacher sponsor, parents of participating students must sign a consent form acknowledging that the group will be supervised by a volunteer (see Appendix B – Parent Consent Form).
- 8.11 A First Aid Kit shall be available for all co-curricular activities/programs.
- 8.12 It is recommended that the principal have two adults present for practices/activities/events that occur outside of school hours when there is no other adult in the building.

9.0 Safety\Emergency Medical Procedures for Co-curricular Activities

- 9.1 Be aware of existing medical information for each student and respect the confidentiality of this information.
- 9.2 In a situation where a student becomes ill or is injured, every first aid precaution must be taken and the parent/guardian contacted at the earliest possible opportunity.

- 9.3 When traveling with students have phone numbers and medical numbers with you in case of emergency.
- 9.4 Always have first aid supplies readily available whether at the school or when traveling on school trips.
- 9.5 If an accident occurs whether at the school or on a school trip, ensure that an accident report is filed and the administration is informed.
- 9.6 Follow up with a parent when a student is injured.

(See Appendix D - Accident Report)

10.0 Special Consideration for School Ski Trips

10.1 Preparation

- 10.1.1. Prior to participating in the school ski program at any skiing facility, all groups shall have an orientation session presented by a qualified ski instructor. Each student shall complete an application form which outlines the rules of the club. Both students and parents must sign this form.
- 10.1.2 Prior to arrival at the skiing facility, each student's name, age, sex, height, shoe size and skier ability will be pre-recorded on a Student Rental Information Sheet.
- 10.1.3 Upon arrival at the skiing facility and upon receipt of all appropriate equipment, beginner skiers shall take an hour and one half lesson. After the lesson, each student must pass the skills test on the Bunny Slope as administered by the skiing facility professional staff and under the supervision of a school representative. Students will not receive a lift pass for other slopes without demonstrating their ability to ski with control while being accompanied by a qualified instructor. Any infractions of the skiers responsibility code will result in the suspension of the student's ski pass for the day.
- 10.1.4 An approved helmet is to be worn by all students (K-12) who participate in a school downhill ski program.

10.2 Standard of Care

The standard of care to be exercised by school authorities in providing for the supervision and protection of students for whom they are responsible is that of a careful and prudent parent.

- 10.2.1 Lessons at the skiing facility are given on a ratio of 15 students to one instructor. Upon completion of the mandatory hour and one half lesson for all beginners, schools will provide supervision of all students by a teacher or other adult supervisor as approved by the school. This supervision ratio of student to adult will be as follows:
16 - 18 years of age = 10 students - one adult

13 - 15 years of age = 8 students - one adult

10 - 12 years of age = 6 students - one adult

7 - 9 years of age = 5 students - one adult

- 10.2.2 Teachers and/or approved supervisors of the children must have a sufficient level of skiing competency to enable them to adequately assess any risks associated with skiing and to terminate the activities if necessary. The school must ensure that the level of supervision is adequate at all times, as per the appropriately determined student to adult ratio. The school must also ensure that students are not allowed to engage in dangerous activities.
- 10.2.3 The representative(s) of the school who is attending the Ski School has the ultimate power to veto any activities and to discipline the students while on the ski hill. At the same time, the ski instructor will be in the best position to assess what activities are appropriate for the students involved. Both the ski instructor and the representative(s) of the school have the authority to suspend ski activities and ensure that any individuals not complying with instructions are excluded from the ski activities.
- 10.2.4 Teachers and/or approved supervisors of the children are instructed to remove from the ski hill any student who is skiing in an area marked out of bounds, skiing in wooded areas, skiing on runs beyond their level of competence or any other activity which could be considered dangerous.

11.0 Special Consideration for School Skating

- 11.1 Grades K to 6: Students participating in a school instructional skating or general skating program must wear CSA certified helmet approved for skating.
- 11.2 Grades 7 to 12: It is recommended that students, participating in school skating, wear a CSA certified helmet approved for school. Parents wishing to allow their children to participate without a helmet must sign a waiver granting this permission.



APPENDIX "A" VOLUNTEER INTERVIEW FORM

GENERAL DATA:

First Name: _____ Last Name: _____

Address: _____

Home Tel.#: _____ Bus. Tel. #: _____ E-mail: _____

Emergency Contact: _____ Home Tel. #: _____ Bus. Tel. #: _____

Are you willing to undergo a Police Records Check (if required): Yes _____ No _____

VOLUNTEER CLASSIFICATION:

Parent of child in school (if activity is considered medium or high risk): _____

Senior/Retired _____ University Student _____ Community _____

PROGRAM ACTIVITY AREA:

_____ Big Brother/Sister _____ Early Literacy _____ Library Asst. _____ Sp. Education

_____ Classroom _____ Enrichment _____ Mentoring _____ Sports/Coach

_____ Clubs/Hobbies _____ ESL/FSL _____ Office Asst. _____ Tutoring

_____ Computers _____ Language _____ Remedial Ed. _____ Other

Specify, if Other: _____

REFERENCES:

Reference #1:

Name: _____ Relationship: _____

Home Tel. #: _____ Bus. Tel. #: _____ Checked: _____ Yes _____ No

Reference #2:

Name: _____ Relationship: _____

Home Tel. #: _____ Bus. Tel. #: _____ Checked: _____ Yes _____ No

PERSONAL HISTORY:

Education and/or work experience:

Volunteer Experience:

PERMISSION TO CONDUCT REFERENCES CHECKS:

I _____, hereby authorize the School Principal to solicit a personal reference from the referee(s) whose names were provided in connection with my application for a placement as a school volunteer.

Date: _____ Signature: _____



SAMPLE PARENT CONSENT FORM
(for guideline purposes only)

BOYS & GIRLS VOLLEYBALL – GRADE 6

Two grade 6 parents, _____ and _____, are organizing a volleyball program for grade 6 boys and girls. This program involves weekly sessions to be held on Monday evenings from 5:30 to 6:30 and will run for several weeks beginning on February 7th. Parents will be responsible for providing transportation to and from these sessions. Each session will consist of a few drills to teach the children some skills, followed by games. It's a good chance to get a head start on volleyball before going to Junior High. If your son or daughter is interested in participating in this program, please complete the form below and submit it at the first session on Monday, February 7th. If he/she would like to participate, but is not able to attend the first session, please contact either _____ @ ***** or _____ @ *****.

I hereby give permission for my son/daughter _____ to participate in the volleyball program for grade 6 students at *insert name of school* on Monday evenings from 5:30 – 6:30 p.m. I understand that this program is being run by parent volunteers.

Guardian's Signature: _____

Child's MCP #: _____

Medical Conditions and/or Medications: _____

Emergency Contact:

Name: _____

Phone #: _____

E-mail: _____

Date: _____



**APPLICATION FOR
CRIMINAL RECORDS SCREENING CERTIFICATE**

\$20.00

Please complete this form and submit with a ~~\$25.00~~ fee (non-refundable) to the **RNC Cash Office**, at 1 Fort Townsend off Parade Street. **Interact** is available for your convenience.

Cash Office is open from 9:00 - 4:30 weekdays, closed for break, 10:30a.m. - 11:00a.m. & lunch, 1:00 p.m. - 2:00 p.m.

There is an "after- hours drop off box" available for completed applications with applicable payment (Cheques are preferable - as we will not be responsible/liable for any cash lost from this drop-off box). Applications can also be mailed, **only if they are accompanied by a non-refundable \$25.00 cheque or money order** made payable to "Newfoundland Exchequer Account", and mailed to RNC Cash Office, 1 Fort Townsend, St. John's, NL, A1C 2G2. Please do not send cash in the mail.

Processing will take 7 - 10 working days - this excludes weekends and holidays.

The **applicant is the only person permitted to pick up this certificate**. The applicant must produce two (2) pieces of Identification, one of which contains the applicant's Date of Birth.

All criminal records screening certificates must be picked up within 60 days of completion, unclaimed certificates will be destroyed.

SECTION 1

- (a) I hereby request that a search of your records be conducted to determine if there are any criminal convictions or criminal findings of guilt related to me in your records.
- (b) I hereby agree that no liability attaches to the Royal Newfoundland Constabulary in relation to this search. I further agree that the Royal Newfoundland Constabulary is not responsible for any inaccuracies resulting from the search.
- (c) With the exception of **SECTION 2** of this application, I understand that any certificate that may be issued in relation to the search is issued to me only for my own use. If I reveal the search certificate to any person or body I do so of my own free will. If I reveal the search certificate to any person or body, I agree to hold the Royal Newfoundland Constabulary harmless for any use that person or body makes of the information.
- (d) The disclosure of any information resulting from this search is my responsibility.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

Surname (Last Name): _____

Name (Proper birth names required) _____
First Second Third

Current Street Address: _____

City/Town: _____ **Province:** _____ **Postal Code:** _____

Date of Birth: _____ **Place of Birth:** _____
Year Month Day

Home Phone#: _____ **Work Phone#:** _____

Gender: _____ **Height:** _____ **Weight:** _____ **Eye Colour:** _____

If you answer "yes" to any of the following question, please attach details.

1. **Have you been convicted of any offence in Canada or the United States?**
 YES NO If yes, Details: _____
2. **Have you ever changed your name (marriage, adoption, etc.) ?**
 YES NO Previous Name(s): _____
3. **Have you ever been prohibited by any court from possessing any firearm, ammunition, or explosive substance?**
 YES NO If yes, Details: _____

Searches will only be completed for the following purposes:

Please check the purpose(s) that apply to your request:

- Required for employment
- Required by agency or group dealing with children, elderly, physically, or mentally challenged persons & **volunteers. (complete Section 2 below)**
- Required for adoption **(complete Section 2 below)**
- Required for Pardon
- Required for foreign work or travel
- Required for education institution: Education Institution: _____
- Required for licence: Licence Type: _____
- Required by statute or regulation: Statute: _____
Regulation: _____
- Other _____

If you are a young person (under 18 years), you agree that you are making this application for disclosure of any record you may have pursuant to the **YOUTH CRIMINAL JUSTICE ACT**. Should you be denied a search certificate, you may, in writing, request a Criminal Record Screening Certificate Record Endorsement from Provincial Court. This Certificate will be subject to the same terms and conditions set out previously in this application.

SECTION 2

This Section **is to be only completed** by those **applying to work or volunteer with agencies or groups dealing with children or young persons (under 18 years), elderly, physically or mentally challenged persons.**

Name of Agency or Group: _____

Address: _____ City/Town: _____ Postal Code: _____

Contact Person: _____ Telephone: _____

Position volunteering for _____

In making this application for a Criminal Record Screening Certificate, I agree to allow the Royal Newfoundland Constabulary to:

- (a) extend the search to include current investigations and present and/or pending charges;
- (b) notify the institution or agency of any inability to obtain a Criminal Record Screening Certificate; **and**
- (c) notify the agency or group representative of any present or pending charges against me.

Signature of Applicant: _____ **Date:** _____
(Sign only if completing Section 2)

****Please attach authorization letter for volunteer applications.****

Office Use Only

CPIC Check: _____ **Court Check:** _____ **PIRS Check:** _____ **Other Check:** _____

ICAN Check: _____ **Certificate Number:** _____ **Receipt Number:** _____

Signature Records Staff: _____ **Date:** _____

APPENDIX "D"

EASTERN SCHOOL DISTRICT ACCIDENT REPORT				
1.	SCHOOL YEAR:			
2.	NAME OF SCHOOL:			
3.	NAME OF STUDENT INJURED:			
	AGE:	GRADE:		
4.	PARENT'S/GUARDIANS NAMES:			
5.	HOME ADDRESS:			
6.	DATE OF ACCIDENT			
	DAY	MONTH	YEAR	TIME
7.	TEACHER/VOLUNTEER PROVIDING SUPERVISION:			
8.	OTHER WITNESSES:			
9.	PERSONS INFORMED OF ACCIDENT:			
10.	ACTION TAKEN BY PERSON ON DUTY:			
11.	REACTION (IF ANY) FROM PARENT/GUARDIAN:			
12.	DETAILS OF ACCIDENT AND COMMENTS:			
SIGNATURE OF TEACHER/SUPERVISOR:		DATE:		
SIGNATURE OF PRINCIPAL:		DATE:		