

# high school success



## Dual Credit Pre-employment Plumbing Program: SAIT

### what?

This program is made possible by a generous donation through



- **On-campus** delivery which combines labs and classroom learning
- Earn 15 CTS credits towards completion of an Alberta High School Diploma
- Earn a SAIT Certificate of Completion in Pre-employment Plumbing

### who?

Sonya Gillis  
e | [slgillis@cbe.ab.ca](mailto:slgillis@cbe.ab.ca)  
t | 403-817-7516

- Open to CBE high school students:
  - In grades 11 or 12
  - Punctual and reliable

### when?

**Parent/guardian and Student Information Session:**  
May 2, 2018 from 7pm - 8pm

**Mandatory On-campus Dates:**  
See program calendar

Sept. 10, 2018 – June 7, 2019  
8:30am – 11:30am  
Monday – Thursday

- Student applications must be received by May 4, 2018 at 4:00 PM
- Mandatory **parent/guardian and student information session May 2, 2018 from 7pm to 8pm at SAIT** - SAIT Campus CB320 (third floor of Aldred Building at SAIT)
- Course begins September 10, 2018 (see program calendar) and runs for 2 semesters ending June, 2019

### where?

- On-campus at SAIT (1301 16 Ave NW, Calgary, AB)

### why?

- This program covers all course materials received by a first-year Plumber apprentice, as well as additional safety training.
- The program prepares students to enter into an apprenticeship with hands-on skills and, upon successful completion of the program, to challenge the first year Plumber apprenticeship exam
- Gain industry certification and post-secondary credits while still in high school

### prerequisites

- Prior to earning a SAIT certificate, students must have completed Math 20-1, Math 20-2, Math 20-3, Pure Math 20 or Applied Math 20 **AND** English Language Arts 20-1 or English Language Arts 20-2 **AND** Science 10
- Must be able to attend SAIT on-campus for a two semester program ending in June, 2019. Please note that transportation to and from the SAIT Campus is the responsibility of the student on the dates outlined in the schedule.



## Plumbing Pathway

- Plumbers install, repair and maintain pipes, fixtures and other plumbing equipment used for water distribution and waste water disposal in residential, commercial and industrial buildings.
- Duties include
  - Installing, repairing and maintaining domestic, commercial or industrial plumbing systems
  - Marking positions for pipe connections and fixtures in walls and floors
  - Cutting openings in walls and floors to accommodate pipes and pipe fittings
  - Measuring, cutting, bending and installing pipes using hand and power tools
  - Joining pipes using clamps, screws, bolts or cement
  - Welding pipes
  - Testing pipes for leaks
  - Preparing cost estimates
  - Reading and interpreting blueprints



Graduates of the Pre-employment Plumbing program have an 88% employment rate.

## Program Outline

Course Code	Course Name	Post Secondary Credits
APPH-215	Properties of Air & Gas-Basic	1.5
BLPR-218	Blueprint Reading I	1.5
EMTL-217	Materials	3.0
GFTG-213	Gasfitting Theory I	1.5
GFTG-214	Gasfitting Shop I	1.5
HTNG 212	Heating Theory I	1.5
PLBG 210	Plumbing Shop I	3.0
PLBG 211	Plumbing Theory	1.5
SAFE 216	Safety	1.5
<b>Total Post-Secondary Credits</b>		<b>16.5</b>
<b>High School Credits</b>		<b>15</b>



Calgary Board  
of Education



March 20, 2018

Calgary Board of Education  
1221 – 8 Street SW  
Calgary, AB, T2R 0L4

Dear Parents/Guardians,

Your child (or you, as an "Independent Student" under the *School Act* are) is applying to be part of the Dual Credit Pre-employment Plumbing program. Please submit a fully completed application package. This is an outstanding opportunity for high school students to study a post-secondary program. This program covers all course materials received by a first-year Plumbing apprentice, as well as additional basic safety training. The program prepares students to enter into an apprenticeship with hands-on skills and, upon successful completion of the program, to challenge the first year Plumber apprenticeship exam and receive a SAIT certificate of completion in Pre-Apprentice Plumber.

The post-secondary program is rigorous and requires commitment and a component of self-directed study to achieve their certificate. Upon successful completion of the program students will receive both SAIT certificate of completion in Pre-Apprentice Plumber - a post-secondary credential, and 15 high school credits.

The Dual Credit Pre-employment program is delivered on-campus at SAIT and combines labs and classroom learning. The program runs over 2 semesters from 8:30am to 11:30am on-campus at SAIT (1301 16 Ave NW, Calgary, AB). Please note that transportation to and from the SAIT campus is the responsibility of the student.

Please sign and return a copy of this letter with the application package to acknowledge you have read and understood the commitment required to successfully complete this program. We look forward to a wonderful learning opportunity; please do not hesitate to contact me if you have any questions.

Kind regards,

***Lisa & Don***

Lisa Betterton

Learning Specialist

lvbetterton@cbe.ab.ca; dtmiddleton@cbe.ab.ca

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**Parent Signature**

**or Independent student Signature**



First Name \_\_\_\_\_ Last Name \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Off-campus Coordinator Name \_\_\_\_\_

Student Alberta Ed # \_\_\_\_\_ Student ID# \_\_\_\_\_

Student Email address \_\_\_\_\_

Phone \_\_\_\_\_ Student cell phone \_\_\_\_\_

**Instructions |**

Please complete and email a scanned copy or fax the completed form to Sonya Gillis e | [slgillis@cbe.ab.ca](mailto:slgillis@cbe.ab.ca) f | 403-777-6159

***Please check the following as they apply.***

Have you verified with a teacher or Guidance Counsellor that you are able to commit to being on-campus at SAIT – Monday, Tuesday, Wednesday and Thursday from 8:30am to 11:30am from September 10, 2018 to June 7, 2019?

Guidance Counsellor/teacher initials \_\_\_\_\_

Yes.

No.

Have you completed or are currently enrolled in Science 10?

Guidance Counsellor/teacher initials \_\_\_\_\_

Yes.

No.

**Deadline |**

All applications must be received no later than 4:00pm on **Friday, May 4, 2018**

Have you completed or are scheduled to complete Math 20-1, Math 20-2, Math 20-3, Pure Math 20 or Applied Math 20 by June 2019?

Guidance Counsellor/teacher initials \_\_\_\_\_

Yes.

No.

Have you completed or are scheduled to complete English Language Arts 20-1 or English Language Arts 20-2 by June 2019?

Guidance Counsellor/teacher initials \_\_\_\_\_

Yes.

No.

Please verify with a teacher or Guidance Counsellor that you are able to arrange for transportation to and from the SAIT campus.

Guidance Counsellor/teacher initials \_\_\_\_\_

Yes.

No.



Briefly describe why this program is of interest to you or how it fits with your future aspirations or career plans.

**Instructions |**

Please complete and email a scanned copy or fax the completed form to Sonya Gillis  
e | [slgillis@cbe.ab.ca](mailto:slgillis@cbe.ab.ca)  
f | 403-777-6159

**STRENGTHS:** Please list 5 strengths you would bring to this program.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Statement of Support** *(to be completed by a teacher/Off-campus Coordinator, Career Practitioner, or Administrator)* How does the program align with the applicant's interests, future aspirations or overall learning plan?

**Deadline |**

All applications must be received no later than 4:00pm on **Friday, May 4, 2018**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Teacher/Administrator Name (please print) \_\_\_\_\_

Teacher/Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_



### Instructions |

Please complete and email a scanned copy or fax the completed form to Sonya Gillis e | [slgillis@cbe.ab.ca](mailto:slgillis@cbe.ab.ca) f | 403-777-6159

Submit your fully completed application package no later than **4:00pm on Friday May 4, 2018**. Please email or fax 403-777-6159 the completed form to Sonya Gillis [slgillis@cbe.ab.ca](mailto:slgillis@cbe.ab.ca)

***Please note: A confirmation email will be sent to you from Sonya Gillis upon successful submission of your application package. If you have not received a confirmation email by May 4, 2018 please contact [slgillis@cbe.ab.ca](mailto:slgillis@cbe.ab.ca) immediately.***

### Registration checklist:

- Parent Letter** - signed by parent/guardian
- Acknowledgement of Risk with Medical Information Form** - completed and signed by parent/guardian
- CBE Program Application Form** - completed and signed by parent/guardian, student and teacher or administrator
- Student Transcript**
- CBE Consent for use of Student Information** – completed

### Deadline |

All applications must be received no later than 4:00pm on **Friday, May 4, 2018**

**Off-campus Education Acknowledgement of Risk**



**Calgary Board  
of Education**

Consent of Parent, Guardian or Independent Student and "Acknowledgement of Risk"

**PLEASE READ CAREFULLY**

I, \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_ (name of student) ("my child"), agree to the participation of my child **OR** I, \_\_\_\_\_ (name of student), an "Independent Student" under the *School Act* (Alberta), agree to my participation in the Pre-Employment Plumbing Program, including any practicum or workplace training that is part of the Program or ancillary to it organized by The Calgary Board of Education ("**CBE**") with SAIT (the "**Program Provider**").

In consideration of the CBE accepting my child as a participant in the Program or accepting me (as an Independent Student) as participant in the Program, I agree and acknowledge as follows:

1. The CBE reserves the right to cancel the Program in whole or part, including prior to the scheduled date of commencement, based upon the security, health and safety conditions in the location(s) of or in the vicinity of the location(s) of the Program.
2. A) I agree, for myself and on behalf of my child, to release the CBE, its Trustees, Superintendents, employees, volunteers, contractors and consultants and the Program Provider and its respective directors, governors, officers, employees and agents (collectively, the "**Releasees**") from any claims, losses, damages, liabilities and costs ("**Losses**") that I or my child, as the case may be, may incur arising from or in connection with the Program, except to the extent any such losses, damages, liabilities and costs arise directly from the negligence or wilful acts or omissions of any of the Releasees. I acknowledge that none of the Releasees shall be responsible for any consequential, incidental, special or punitive losses, damages or costs incurred by me or my child arising in respect of the Program.  
  
 B) Without limiting the generality of Section 2(A) above, I, for myself and on behalf of my child, or I, an Independent Student, release the Releasees from any delays, acts or omissions of any of the Releasees in respect of the Program arising from events beyond his, her, its or their reasonable control, which includes but is not limited to **ACTS OF GOD, WAR, STRIKES OR GOVERNMENT RESTRICTIONS, TERRORIST ACTIVITIES, STRIKES OR WORK STOPPAGES, OR THE ACTS OR OMISSIONS OF ANY OTHER ORGANIZATION OR INDIVIDUAL, OVER WHOM THE RELEASEES HAVE NO DIRECT CONTROL.**  
  
 C) I agree, for myself and on behalf of my child (or I, an Independent Student, agree) to pay or reimburse the Releasees for any claims, losses, damages and costs arising from any acts or omissions of my child (or of me, as an Independent Student) in connection with the Program resulting or arising from failure to comply with any directions or instructions given by any of the applicable Releasees.
3. I, on behalf of myself and my child (or I, as an Independent Student) release the Releasees and each of them from any losses, liabilities, damage and costs that I and/or my child may incur arising from and during the course of transportation to and from the location(s) of the Program, including in the course of embarking or disembarking from the mode of transportation. I confirm and acknowledge that any injury, damage or loss incurred during the course of transportation to and from the location(s) of the Program will not be compensated by the Releasees.
4. I freely and voluntarily acknowledge and assume on my behalf and on behalf of the Student (or, as an Independent Student, I assume) all of the risks and hazards, known and unknown, inherent in the nature of the Program and I understand and acknowledge that a Student may suffer personal and potentially serious injury, loss or illness due to unforeseeable or unexpected events.
5. I am satisfied that I have been provided with information about the Program, including the nature and extent of certain risks and hazards associated with the Program and that such information concerning risks and hazards is NOT exhaustive. I am not relying solely upon such information provided by the CBE and reserve the right to obtain additional information upon such basis as I determine.

6. I freely and voluntarily acknowledge and assume on my behalf and on behalf of my child (or I, as an Independent Student, acknowledge and assume) all of the risks and hazards, known and unknown, inherent in the nature of the Program and I understand and acknowledge that any participant in the Program may suffer personal and potentially injury, loss or illness due to an unforeseeable or unexpected event as a result of any such hazard, known and unknown. Without limiting the foregoing, I acknowledge that part of the Program may involve the placement of my child (or, as an independent student, my placement) by the Program Provider in "practicum" assignments that involve workplace interactions with members of the public (for example, if a practicum assignment is with a veterinarian health care facility, my child - or I, as an Independent Student - will interact with members of the public who own animals and with animals, will have limited exposure to the medical application of pharmaceuticals and drugs or may be required to obtain vaccinations/inoculations in order to participate in the practicum). I agree on behalf of my child (or I agree, as an Independent Student) to assume the foreseeable and unforeseeable risks arising from placement in a practicum assignment as part of the Program.
7. My child has been informed by me that he/she shall comply (or I, as an Independent Student, confirm that I shall comply) with the CBE's policies and regulations and any applicable CBE or school Code of Conduct, and with any rules of the Program Provider in respect of the Program made known to me and/or my child, as well as with the directions and instructions of the CBE's employees, consultants, volunteers or Program Provider personnel concerning the Program. Participation in the CBE and/or Program Provider preparatory sessions and meetings (if any) prior to the activities is mandatory. I acknowledge that failure to do so may result in the exclusion of my child (or of me as an Independent Student) from the Program by the CBE.
8. If my child (or I, as an Independent Student) becomes ill or incapacitated, I acknowledge and agree that the CBE, its employees, consultants and volunteers and also in the case of medical emergency, the Program Provider personnel, may take any actions they deem necessary, including securing professional medical treatment. I also acknowledge that the CBE and/or Program Provider personnel shall make reasonable efforts to contact the parent or guardian of a Student (who is not an Independent Student) in any medical emergency situation.
9. **I have completed the medical information form (attached).** I warrant that the medical information I have provided is complete and up to date. I consent to CBE sharing the medical information with the Program Provider and its applicable personnel. I have disclosed any known medical information concerning my child (or concerning me as an Independent Student) that may affect participation in the Program. I also acknowledge and agree that CBE or the Program Provider may refuse to accept my child for or may remove my child (or me as an Independent Student) from participation in the Program as a result of any medical condition as CBE or the Program Provider shall determine, at its sole discretion.
10. I understand that I am solely responsible for any illegal activities of my child (or, as an Independent Student, my illegal activities) during the Program (such as theft, vandalism or using or trafficking in any illegal substances or non-prescription drugs).
11. I confirm that this form shall be binding upon me as an Independent Student or upon me and the other parent or legal guardian of my child and upon my child and if the other parent or guardian of my child shall commence any action or claim against any of the CBE Group in respect of the matters herein notwithstanding the provisions hereof, I indemnify the CBE Group from any losses, damages, liabilities and costs incurred by the CBE Group or any of them in that regard.
12. I am at least 18 years of age and confirm that I have had the opportunity to seek independent legal advice prior to signing this form.
13. I confirm that this form and my acknowledgements and agreements are governed by the laws of Alberta.

Signed at Calgary, Alberta this \_\_\_\_\_, 201\_\_\_\_\_

\_\_\_\_\_  
Signature Parent/Legal Guardian/Independent Student

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address and Telephone Number

\_\_\_\_\_

\_\_\_\_\_



**IMPORTANT - Medical Information**

Please be aware that any information contained on this Medical Information form will be passed on to the employer/service provider. We suggest you include information that is relevant to the safety and well-being of the student while working or participating in educational programs. If there is no pertinent medical information to be shared, please indicate not applicable, and sign and return to the Off-campus Coordinator.

**Health Information:** (A photocopy of this completed form may be provided by CBE to the CBE to address health and medical needs including emergencies, and CBE may also share this information with the Program Provider others as deemed necessary.) Can be typed or handwritten

**MUST BE COMPLETED BY A PARENT, GUARDIAN OR INDEPENDENT STUDENT**

Activity: <u>Pre-Employment Plumbing Program</u>	Date(s): <u>Sept 10, 2018 to June 7, 2019</u>
Student Name: _____	
Alberta Health Care # (optional unless travelling outside of Alberta) #: _____	
Date of Birth (YEAR/MM/DD): _____	

Drug Allergies?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Specifics/Severity:
Food Allergies?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Specifics/Severity:
Insect Allergies?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Specifics/Severity:
Other Allergies?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Specifics/Severity:

Is the student under any form of treatment for an illness, condition or injury? (including Asthma)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes", please elaborate. Include activities to be restricted or modified.
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**Please fill out the medication names and details for administering them: (if more space is required please attach additional information)**

NAME OF MEDICATION	REASON (OPTIONAL)	DOSAGE	HOW OFTEN?	TIME OF DAY

**Medication storage Requirements:**

As a result of the above, are there any known side effects to above medication(s)? If "yes", please describe:

\_\_\_\_\_

Does the student have any psychological or emotional problems? If "yes", please describe:

\_\_\_\_\_

Are there any recent injuries to be concerned about? If "yes", please describe:

\_\_\_\_\_

Medical Treatment Restrictions (if any) e.g. blood transfusions:

\_\_\_\_\_

Dietary Restrictions (if any): \_\_\_\_\_

Additional Instructions/Information: \_\_\_\_\_

Emergency Contact: 1) \_\_\_\_\_ Phone: \_\_\_\_\_(H) \_\_\_\_\_(W) \_\_\_\_\_(C)

Emergency Contact: 2) \_\_\_\_\_ Phone: \_\_\_\_\_(H) \_\_\_\_\_(W) \_\_\_\_\_(C)

In compliance with The Calgary Board of Education ("CBE") Administration Regulation 6002, as amended from time to time ("AR 6002") (available for view on the CBE website), parents/legal guardians/Independent Students are responsible for providing medical supports and medication prescribed for the student by a physician or medical professional to ensure the student has the supports and medication required while at school or during off-site activities. The CBE, its teachers and staff will not administer the medication or supports but shall during school activities (subject to AR 6002), store the medication and supports and supervise the child in self-medicating. The parent/legal guardian/Independent Student are responsible for notifying the CBE of the nature of the medication and supports, the timing of self-medication and any procedures that apply to same.

I understand that given the nature of the Program in respect of which this form is being provided, in which the student will not be accompanied or supervised by CBE teachers/staff during off-site activities involved in the Program, CBE and its teachers/staff will not store the student's medication or supports off-site or supervise the self-medication by the student during any such activities. By signing this form, I confirm that I have waived any requirement of teacher/staff supervision of self-medication by the student and of storing medication or supports during off-site activities, and confirm that I do not wish the CBE, its teachers/staff to provide the same. I further acknowledge that the Program Provider and its staff are not representatives or agents of the CBE and are not authorized by the CBE to store the student's medication or supports or to supervise the self- medication by the student on behalf of the CBE.

Please note that:

1. the provisions contained in this form are subject to AR 6002 and applicable laws; and
2. the provisions contained in this form further are subject to the applicable school's Emergency Response Protocol and any particular Student Health Plan completed by the CBE with the parent/legal guardian/Independent Student.

Subject to the foregoing, I agree that the medications (prescription/ non-prescription) listed on the first page of this form are the student's responsibility and will not be shared or given to others and the student is responsible for how the medication is stored and when it is taken. I, the parent, legal guardian or Independent Student, accept responsibility in all cases for any medication that is lost, stolen or damaged and confirm that the CBE has been informed about the nature of the medication(s), known side effects and consequences of missed doses or extra doses and any other pertinent medical information by me.

**To the best of my knowledge, the medical information contained in this form is accurate and up to date and I shall inform CBE immediately of any changes to such information. I understand the risks involved in the taking of such medications by the student during or prior to the Program activities in which the student shall be a participant.** I further hereby agree that If my child (or I, as an Independent Student) becomes ill or incapacitated, I acknowledge and agree that the CBE, its employees, consultants and volunteers, and also in the case of medical emergency, the Program Provider personnel, may take any action they deem necessary for the safety, health and well-being of my child (or me as an Independent Student), including securing professional medical treatment and I release CBE, its employees, consultants and volunteers and the Program Provider and its personnel from any Losses arising as a result thereof. I acknowledge that the CBE has recommended that I obtain medical insurance to cover such expenses. I also acknowledge that the CBE and/or Program Provider personnel shall make reasonable efforts to contact me in any medical emergency situation.

I further acknowledge that the CBE does not make a medical assessment of the suitability of the student for participation in the Program based on the information provided in this form, and that if the student has or develops any medical conditions that may affect the student's participation in the Program, I will advise the CBE immediately.

\_\_\_\_\_  
Parent/Guardian/Independent Student

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**Parent/Guardian and Student Information Meeting (mandatory):**

May 2, 2018 from 7pm to 8pm; SAIT Campus CB320 (third floor of Aldred Building at SAIT)

**Application Deadline:** May 4, 2018

**Students Notified of Acceptance By:** May 14, 2018

**Online Registration:** May 29, Online Registration Evening (mandatory) location TBD  
(the registration evening will support student to register for the SAIT program).

**Orientation Day:** September 10, 2018

**First Day of Classes:** September 11, 2018

**Last Day of Classes:** June 6, 2019

# September 2018

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
						1
2	3	4	5	6	7	8
9	10 <b>Orientation Day</b> SAIT Campus 8:30am – 11:30am	11 <b>First Day of Classes</b> SAIT Campus 8:30am – 11:30am	12 SAIT Campus 8:30am – 11:30am	13 SAIT Campus 8:30am – 11:30am	14 Study at home school	15
16	17 SAIT Campus 8:30am – 11:30am	18 SAIT Campus 8:30am – 11:30am	19 SAIT Campus 8:30am – 11:30am	20 SAIT Campus 8:30am – 11:30am	21 Non-Instructional	22
23	24 SAIT Campus 8:30am – 11:30am	25 SAIT Campus 8:30am – 11:30am	26 SAIT Campus 8:30am – 11:30am	27 SAIT Campus 8:30am – 11:30am	28 Study at home school	29
30						

# October 2018

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	<b>1</b> SAIT Campus 8:30am - 11:30am	<b>2</b> SAIT Campus 8:30am - 11:30am	<b>3</b> SAIT Campus 8:30am - 11:30am	<b>4</b> SAIT Campus 8:30am - 11:30am	<b>5</b> Study at home school	<b>6</b>
<b>7</b>	<b>8</b> Holiday	<b>9</b> SAIT Campus 8:30am - 11:30am	<b>10</b> SAIT Campus 8:30am - 11:30am	<b>11</b> SAIT Campus 8:30am - 11:30am	<b>12</b> Study at home school	<b>13</b>
<b>14</b>	<b>15</b> SAIT Campus 8:30am - 11:30am	<b>16</b> SAIT Campus 8:30am - 11:30am	<b>17</b> SAIT Campus 8:30am - 11:30am	<b>18</b> SAIT Campus 8:30am - 11:30am	<b>19</b> Study at home school	<b>20</b>
<b>21</b>	<b>22</b> SAIT Campus 8:30am - 11:30am	<b>23</b> SAIT Campus 8:30am - 11:30am	<b>24</b> SAIT Campus 8:30am - 11:30am	<b>25</b> SAIT Campus 8:30am - 11:30am	<b>26</b> Non-Instructional	<b>27</b>
<b>28</b>	<b>29</b> SAIT Campus 8:30am - 11:30am	<b>30</b> SAIT Campus 8:30am - 11:30am	<b>31</b> SAIT Campus 8:30am - 11:30am			

# November 2018

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
				1 SAIT Campus 8:30am - 11:30am	2 Study at home school	3
4	5 SAIT Campus 8:30am - 11:30am	6 SAIT Campus 8:30am - 11:30am	7 SAIT Campus 8:30am - 11:30am	8 SAIT Campus 8:30am - 11:30am	9 Study at home school	10
11	12 No SAIT Classes Study at home school	13 SAIT Campus 8:30am - 11:30am	14 SAIT Campus 8:30am - 11:30am	15 SAIT Campus 8:30am - 11:30am	16 Study at home school	17
18	19 SAIT Campus 8:30am - 11:30am	20 SAIT Campus 8:30am - 11:30am	21 SAIT Campus 8:30am - 11:30am	22 SAIT Campus 8:30am - 11:30am	23 Non-Instructional	24
25	26 SAIT Campus 8:30am - 11:30am	27 SAIT Campus 8:30am - 11:30am	28 SAIT Campus 8:30am - 11:30am	29 SAIT Campus 8:30am - 11:30am	30 Study at home school	

# December 2018

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
						1
2	3 SAIT Campus 8:30am - 11:30am	4 SAIT Campus 8:30am - 11:30am	5 SAIT Campus 8:30am - 11:30am	6 SAIT Campus 8:30am - 11:30am	7 Non-instructional	8
9	10 SAIT Campus 8:30am - 11:30am	11 SAIT Campus 8:30am - 11:30am	12 SAIT Campus 8:30am - 11:30am	13 SAIT Campus 8:30am - 11:30am	14 Study at home school	15
16	17 SAIT Campus 8:30am - 11:30am	18 SAIT Campus 8:30am - 11:30am	19 SAIT Campus 8:30am - 11:30am	20 SAIT Campus 8:30am - 11:30am	21 Study at home school	22
23	24 Winter Break	25 Winter Break	26 Winter Break	27 Winter Break	28 Winter Break	29
30	31 Winter Break					

# January 2019

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
		1 Winter Break	2 Winter Break	3 Winter Break	4 Winter Break	5
6	7 SAIT Campus 8:30am - 11:30am	8 SAIT Campus 8:30am - 11:30am	9 SAIT Campus 8:30am - 11:30am	10 SAIT Campus 8:30am - 11:30am	11 Study at home school	12
13	14 SAIT Campus 8:30am - 11:30am	15 SAIT Campus 8:30am - 11:30am	16 SAIT Campus 8:30am - 11:30am	17 SAIT Campus 8:30am - 11:30am	18 Study at home school	19
20	21 SAIT Campus 8:30am - 11:30am	22 SAIT Campus 8:30am - 11:30am	23 SAIT Campus 8:30am - 11:30am	24 SAIT Campus 8:30am - 11:30am	25 Study at home school	26
27	28 SAIT Campus 8:30am - 11:30am	29 SAIT Campus 8:30am - 11:30am	30 SAIT Campus 8:30am - 11:30am	31 SAIT Campus 8:30am - 11:30am		



# February 2019

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
					1 Non-Instructional	2
3	4 SAIT Campus 8:30am - 11:30am	5 SAIT Campus 8:30am - 11:30am	6 SAIT Campus 8:30am - 11:30am	7 SAIT Campus 8:30am - 11:30am	8 Study at home school	9
10	11 SAIT Campus 8:30am - 11:30am	12 SAIT Campus 8:30am - 11:30am	13 SAIT Campus 8:30am - 11:30am	14 No School Teachers Convention	15 No School Teachers Convention	16
17	18 Holiday	19 SAIT Campus 8:30am - 11:30am	20 SAIT Campus 8:30am - 11:30am	21 SAIT Campus 8:30am - 11:30am	22 Study at home school	23
24	25 SAIT Campus 8:30am - 11:30am	26 SAIT Campus 8:30am - 11:30am	27 SAIT Campus 8:30am - 11:30am	28 SAIT Campus 8:30am - 11:30am		

# March 2019

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
					1 Non-instructional	2
3	4 SAIT Campus 8:30am - 11:30am	5 SAIT Campus 8:30am - 11:30am	6 SAIT Campus 8:30am - 11:30am	7 SAIT Campus 8:30am - 11:30am	8 Study at home school	9
10	11 SAIT Campus 8:30am - 11:30am	12 SAIT Campus 8:30am - 11:30am	13 SAIT Campus 8:30am - 11:30am	14 SAIT Campus 8:30am - 11:30am	15 Study at home school	16
17	18 SAIT Campus 8:30am - 11:30am Withdrawal Deadline	19 SAIT Campus 8:30am - 11:30am	20 SAIT Campus 8:30am - 11:30am	21 SAIT Campus 8:30am - 11:30am	22 Non-instructional	23
24	25 Spring Break	26 Spring Break	27 Spring Break	28 Spring Break	29 Spring Break	30
31						

# April 2019

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	<b>1</b> SAIT Campus 8:30am - 11:30am	<b>2</b> SAIT Campus 8:30am - 11:30am	<b>3</b> SAIT Campus 8:30am - 11:30am	<b>4</b> SAIT Campus 8:30am - 11:30am	<b>5</b> Study at home school	<b>6</b>
<b>7</b>	<b>8</b> SAIT Campus 8:30am - 11:30am	<b>9</b> SAIT Campus 8:30am - 11:30am	<b>10</b> SAIT Campus 8:30am - 11:30am	<b>11</b> SAIT Campus 8:30am - 11:30am	<b>12</b> Study at home school	<b>13</b>
<b>14</b>	<b>15</b> SAIT Campus 8:30am - 11:30am	<b>16</b> SAIT Campus 8:30am - 11:30am	<b>17</b> SAIT Campus 8:30am - 11:30am	<b>18</b> SAIT Campus 8:30am - 11:30am	<b>19</b> Holiday	<b>20</b>
<b>21</b>	<b>22</b> (CBE Non-instructional) required SAIT Campus 8:30am - 11:30am	<b>23</b> SAIT Campus 8:30am - 11:30am	<b>24</b> SAIT Campus 8:30am - 11:30am	<b>25</b> SAIT Campus 8:30am - 11:30am	<b>26</b> Study at home school	<b>27</b>
<b>28</b>	<b>29</b> SAIT Campus 8:30am - 11:30am	<b>30</b> SAIT Campus 8:30am - 11:30am				

# May 2019

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
			1 SAIT Campus 8:30am - 11:30am	2 SAIT Campus 8:30am - 11:30am	3 Study at home school	4
5	6 SAIT Campus 8:30am - 11:30am	7 SAIT Campus 8:30am - 11:30am	8 SAIT Campus 8:30am - 11:30am	9 SAIT Campus 8:30am - 11:30am	10 Study at home school	11
12	13 SAIT Campus 8:30am - 11:30am	14 SAIT Campus 8:30am - 11:30am	15 SAIT Campus 8:30am - 11:30am	16 SAIT Campus 8:30am - 11:30am	17 Study at home school	18
19	20 Holiday	21 SAIT Campus 8:30am - 11:30am	22 SAIT Campus 8:30am - 11:30am	23 SAIT Campus 8:30am - 11:30am	24 Study at home school	25
26	27 SAIT Campus 8:30am - 11:30am	28 SAIT Campus 8:30am - 11:30am	29 SAIT Campus 8:30am - 11:30am	30 SAIT Campus 8:30am - 11:30am	31 Study at home school	

# June 2019

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
						1
2	3 SAIT Campus 8:30am - 11:30am	4 SAIT Campus 8:30am - 11:30am	5 SAIT Campus 8:30am - 11:30am	6 <b>Last Day of Classes</b> SAIT Campus 8:30am - 11:30am	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						



**Please complete and return to the school**

When student information is shared in a way that makes the student publicly identifiable, the *Freedom of Information and Protection of Privacy Act (FOIP)* requires the Calgary Board of Education (CBE) to obtain parent consent. Sharing this information, for non-profit educational purposes, helps us celebrate the successes of our students with parents, the community and general public.

When you sign this form, you are agreeing that your child’s personal information (image, first name, first initial of surname, grade, school, CBE email address, samples of work) may be shared publicly by the school and/or CBE. Some examples of how this information may be shared are as follows:

- Public displays and presentations
- School and CBE websites and social media (blogs, Facebook, Twitter, YouTube and more)
- Print and electronic publications that provide information about CBE and school initiatives or activities (brochures, invitations, reports, newsletters)
- Videos

Lessons and student work may be digitally recorded as evidence for staff development or to demonstrate good professional practices. These recordings may be shared with other educational organizations.

Parents or independent students are under no obligation to consent; it is their voluntary decision to do so. If you do not return this form, this indicates that consent was NOT given. You may withdraw your consent at any time by notifying the school principal in writing.

This consent does not apply to:

- Use of student information by media or third party organizations
- Photographs, videos or interviews taken during public events either on or off CBE property. Public events include such activities as school assemblies, performances, field trips and sporting events.
- The educational use of student information within the CBE environment.

**Consent for Release** (please print)

\_\_\_\_\_ I give the Calgary Board of Education consent to use my child’s information as described above for non-profit educational purposes.

\_\_\_\_\_ I DO NOT give consent to use my child’s information as described above.

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
School

\_\_\_\_\_  
Name of Parent/Guardian/Independent Student

\_\_\_\_\_  
Signature of Parent/Guardian/Independent Student

\_\_\_\_\_  
Date (YYYY-MM-DD)

**Consent is valid for the current school year only**