



NOTICE TO PARENTS/GUARDIANS: OUTSIDE MEDIA IN SCHOOLS
(_____ School Year)

For all parents/guardians - please complete, sign and return to your school.

Student's Name: (Last) _____ (First) _____

School: _____

Media (including radio, television, newspapers, and other print and online media) are sometimes permitted or invited to come to the school or to school activities and allowed to take photos or video or conduct interviews with students, for the purposes of promoting public understanding of school programs, building public support for public education, and encouraging student achievement.

If you do not want your child to be involved in such activities, you need to:

- Tell your child to avoid these situations.
- Tell your child's teacher of your wishes.
- Complete and return the attached form to ask the school and school district to take reasonable steps to avoid this type of publication of your child's name, image or personal information by outside media.

Note that school and district staff cannot control news media access, photos/videos taken by the media or others in public locations (such as field trips or off school grounds) or school events open to the public, such as sports events, student performances, school board meetings, etc.

For Parents/Guardians: I acknowledge receipt of this Notice. If I have questions, I will contact the School Principal.

Parent's/Guardian's signature

Note: All parents/guardians must sign and return this page to their child's school.

Attachment



Coast Mountains Board of Education School District 82

NOTICE TO SCHOOL DISTRICT RE: OUTSIDE MEDIA

(_____ School Year)

NOTE: To be completed by parents/guardians only if you wish to register an objection to publication of your child's personal information by outside media or school events.

I do not want my child's image or name being published by **outside media**. I have told my child's teacher of my wishes. I **REQUEST** that the school district and its staff take all reasonable steps to avoid having my child's image or name collected or published by outside media when they are present in school or at school activities at the invitation of the school or school district. I **CONSENT** to disclosure by the school district or its staff of the personal information that is necessary to give effect to this request. I **MAY** choose to override this Notice by giving my consent in a specific circumstance. This request applies during the current school year unless I expressly revoke it.

Date: _____

Parent's Name: (Last) _____ (First) _____
(please print)

Parent/Guardian* Signature: _____

Parent/Guardian Contact Information (for contacts related to this notice)

Telephone No.: _____ Email: _____

**For parents who have court orders describing their parental rights, this form should be signed by a parent who has the right to exercise the student's privacy protection rights.*

If you have questions about this notice or about the collection of student personal information, please contact your School Principal.

Note: Parents/guardians who wish to opt out must sign and return this form to their child's school.