



PERSONAL INFORMATION CONSENT (_____ School Year)

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

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

School: _____

Collection, use, and sharing of student personal information:

Schools and Districts are authorized to collect, use, and share student personal information that is directly related to and necessary for their educational functions. For other school or education-related purposes, parental or student consent is required. The Board of Education of Coast Mountains School District is seeking your consent to collect, keep, use and share photographs, videos, images, and/or names of students in a variety of publications and on the school or District's website(s) for education-related purposes, such as recognizing and encouraging student achievement, building the school community, and informing others about school and District programs and activities. For example, student names, and/or images may be used or shared in:

- School and District communications, such as newsletters, brochures, and reports in limited or public circulation;
- School and District websites, social media sites (e.g. Facebook), with limited or public access;
- Videos, CDs, and DVDs, designed for education use only.

Please check A OR B (not both):

A. _____ I GIVE MY CONSENT for the school or District to collect, use, and share my child's name and/or image for purposes consistent with the above. I understand that images and information posted on the internet may be stored and accessed outside of Canada. This consent may be withdrawn at any time in writing, but withdrawal of consent does not require the school or District to take any steps to withdraw from publication any previously published material. Unless withdrawn, this consent is effective immediately and lasts until October 31 of the next school year.

B. _____ I DO NOT CONSENT to the use and disclosure of my child's name and/or image for the above purposes for this school year.

Date: _____

Parent's/Guardian'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.