

Personal Information Consent Form - Secondary

School Year : _____

(yyyy-yyyy)

For parents* and high school students: Please complete, sign, and return to your school.

Student Name: (Last) _____ (First): _____
(please print)

Grade: _____ School: _____

Collection, use and sharing of personal information

Schools and School 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 the North Vancouver School District No. 44, 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 School 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 School District programs and activities.

For example, student names and/or images may be used or shared in

- school and School District communications, such as school **yearbook**, class photos, school panorama photos, newsletters, calendars, brochures, advertising and reports in limited or public circulation;
- school and School District websites, social media sites (e.g. Facebook, Twitter), online video (e.g. Vimeo), and news media, with limited or public access;
- videos, CDs, and DVDs designed for educational use only.

Please note: school and district staff cannot control news media access, photos/videos taken by the media or by others in public locations (e.g. field trips or off school grounds) or school events open to the public, such as sports events, student performances, school board meetings, etc. These are considered public events.

Please check A or B (not both)

- A. **I GIVE MY CONSENT** for the school or School District to collect, use, and share my child's name and/or image for the purposes consistent with the above. I understand that images and information posted on the Internet may be stored and accessed outside Canada and subject to distribution beyond the control of the school or the District.
This consent may be withdrawn at any time in writing but withdrawal of consent does not require the school or School District to take any steps to withdraw from publication any previously published material. Unless withdrawn, this consent is effective immediately and applies until September 30 of the next school year.
- B. **I DO NOT GIVE MY CONSENT** to the use or disclosure of my child's name and/or image for the above purposes. This request is effective immediately and applies until September 30 of the next school year unless I expressly revoke it.

Date: _____

Parent/Guardian Name: (Last) _____ (First): _____
(please print)

Parent*/Guardian Signature: _____

* 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.

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

Telephone No. : _____ Email: _____

For Secondary Students:

In the event of a discrepancy in consent within families, the Board of Education of the North Vancouver School District No. 44 will assume consent has been refused.

Please check A or B (not both)

- A. **I GIVE MY CONSENT** for the school or School District to collect, use, and share my name and/or image for the purposes consistent with the above. I understand that images and information posted on the Internet may be stored and accessed outside Canada and subject to distribution beyond the control of the school or the School District.
This consent may be withdrawn at any time in writing but withdrawal of consent does not require the school or School District to take any steps to withdraw from publication any previously published material. Unless withdrawn, this consent is effective immediately and lasts until September 30 of the next school year.
- B. **I DO NOT GIVE MY CONSENT** to the use or disclosure of my name and/or image for the above purposes for this school year.

Date: _____

Student Signature: _____

If you have questions about this consent or about the collection of student personal information, you may contact:

The Office of the Secretary-Treasurer, North Vancouver School District, 2121 Lonsdale Avenue, North Vancouver, B.C., V7M 2K6

Tel: (604) 903 3444, email: secretarytreasurer@sd44.ca