

Personal Information Consent Form - Elementary School Year:

Tel: 604 903 3444 Fax: 604 903 3445

(уууу-уууу) For parents* : Please complete, sign, and return to your school.			
Student Name: (Last)		(First):	
	(please print)		
Teacher Name:			
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 etc.: 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)

for the be sto Schoo This c Schoo	E MY CONSENT for the school or School District to compute purposes consistent with the above. I understand that ared and accessed outside Canada and subject to district. I District. I District to take any steps to withdraw from publication rawn, this consent is effective immediately and applies	at images and information posted on the Internet may ribution beyond the control of the school or the thdrawal of consent does not require the school or n any previously published material. Unless
purpos	OT GIVE MY CONSENT to the use or disclosure of moses for this school year. This request is effective immeduear unless I expressly revoke it.	,
Date:		
Parent/Guardiar	n Name: (Last)	(First):
	(please print)	
Parent*/Guardia	an Signature:	
* For parents who hat privacy protection is	ave court orders describing their parental rights, this form should be rights.	e signed by a parent who has the right to exercise the student's
Parent/Guardian	n Contact Information (for contact related to this notice	·):
Telephone No.:	· Fmail·	

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 #44,

2121 Lonsdale Avenue, North Vancouver, B.C., V7M 2K6 Tel: (604) 903 3444 or email: secretarytreasurer@sd44.ca