

School District No. 42 | Maple Ridge – Pitt Meadows
Personal Information Consent - Secondary
2014 – 2015

During the school year, school and/or school district staff often take pictures or videos of student activities and events. The collected photos and/or videos are sometimes shared to encourage student achievement, build school culture or inform the community about the school and/or about school district programs and activities.

The school or school district may use these photos or videos in videos, CDs and DVDs designed for educational use, or in communications such as *newsletters, reports, brochures, or district parent magazines*. Photos and videos may also be shared on the school or school district *websites* and/or *social media sites* (e.g. Facebook, Twitter, Helix) for educational purposes or for the purpose of celebrating student success.

Please select ONE of the two following choices:

- YES.** I GIVE MY CONSENT for the use and disclosure of my child's name and/or image for the above purposes for this school year. I understand the images and information posted on the Internet may be stored outside Canada. ** Your consent is effective immediately and lasts until September 30 of next school year. You may withdraw your consent at any time in writing, but a withdrawal of consent does not obligate the school or District to withdraw previously published material.*
- NO.** I DO NOT GIVE MY CONSENT for the use and disclosure of my child's name and/or image for the above purposes for this school year.

PARENT/GUARDIAN* SIGNATURE (required): _____ **DATE:** _____

**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.*

SCHOOL: _____

STUDENT NAME: (Last) _____ (First) _____
(please print)

PARENT/GUARDIAN NAME: (Last) _____ (First) _____
(please print)

PARENT/GUARDIAN TELEPHONE: _____ **Email:** _____

For Students:

I consent to the school and District collecting, keeping, using and sharing my image and name for educational purposes such as recognizing and encouraging student achievement, building school community and informing others about the school, the District, and our programs and activities.

STUDENT SIGNATURE (required): _____

If you have questions about this consent or about the collection of student personal information, please visit the District website at <http://www1.sd42.ca/personal-information-consent> or contact your child's school.