



School District No. 51 (Boundary)
Personal Information Consent
Effective from date of enrolment to date of withdrawal



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

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

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 School District No. 51 (Boundary) 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 celebrating, recognizing and encouraging student accomplishments, building the school community, and informing others about our school and District programs and activities.

I GIVE MY CONSENT for the school or District to collect, use, and share my child's name and/or image consistent with the above purposes for each form of communication listed below. I also understand that images and information posted on the internet may be stored and accessed outside of Canada. Please circle your consent or non-consent for each of the following types of communication.

- YES NO school and District communications, such as newsletters, brochures, and reports in limited or public circulation (local newspapers, etc)
- YES NO school and District websites
- YES NO social media sites (e.g. Facebook), and online video (e.g. YouTube), with limited or public access
- YES NO school yearbooks
- YES NO videos, CDs, and DVDs designed for educational or instructional use only

This consent may be withdrawn at any time in writing but withdrawal of consent does not require the school or District to take any steps to withdraw from publication any previously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 Unless withdrawn, this consent is effective immediately and lasts until my child is withdrawn from the school he/she is currently attending.

...cont.

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 consent or about the collection of student personal information, you may contact:

The School Principal or the Superintendent of Schools

Business Address: 1021 Central Avenue, Grand Forks BC V0H 1H0

Telephone No.: 250-442-8258