



School District No. 51 (Boundary)

Personal Information Consent

Effective from date of enrolment to date of withdrawal

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

Student's Name: _____

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 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 purposed 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 (Facebook etc), and online video (YouTube etc) 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This consent may be withdrawn at any time in writing, but withdrawal of consent does not require the school or District to take any steps to withdraw from publications any previously published material. Unless withdrawn, this consent is effective immediately and lasts until my child is withdrawn from the school they are currently attending.

Date: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

For students in Grades 8 to 12:

I GIVE MY CONSENT for the school or District to collect, use and share my name and/or image consistent with the above purposes for each of the 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 (Facebook etc), and online video (YouTube etc) with limited or public access
- YES NO School yearbooks
- YES NO Videos, CDs and DVDs designed for educational or instructional use only

Student Signature: _____

**For parents who have court orders describing their parental rights, this form should be signed by a parent/guardian 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
1021 Central Avenue, Grand Forks BC V0H 1H0
250-442-8258