

DCSS - Central Campus Personal Information Consent 2024-2025

Please complete, sign, and return to your school. Student's Name: (Last) ______(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 consent is required. The Board of Education of School District 59 is seeking your consent to collect, store, 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 recognizing and encouraging student achievement, building the school community, and informing others about school and District programs and activities. Please check boxes to indicate consent for the following as student names, and/or images may be used or shared in: School and District communications, such as newsletters, brochures, Focus on Education magazine; Yearbook; (see additional form attached. The form must be completed if any information will be accessible or stored in *locations outside Canada)* ☐ School and District websites; Social media sites (e.g. Facebook); Online video (e.g. YouTube), with limited or public access; ☐ Videos, CDs, and DVDs designed for educational use only. I GIVE MY CONSENT for the school or District to collect, use, and share my child's name and/or image for purposes consistent with the above. I understand that images and information posted on the Internet may be stored and accessed outside of Canada. This consent may be withdrawn at any time, in writing, but withdrawal of consent does not require the school or District to take any steps to withdraw from publication any previously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 Unless withdrawn, this consent is effective immediately and lasts until September 30 of the next school year. Date: _____(First) _____ (please print) Parent's Name: (Last) _____ Parent/Guardian* Signature: _____ Parent/Guardian Contact Information (for contacts related to this notice) Telephone No.: ______ Email: _____ If you have questions about this consent or about the collection of student personal information, you may contact:

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School District Information and Privacy Officer, Christy Fennell

11600 - 7th Street Telephone Number: 250-782-8571 Email: cfennell@sd59.bc.ca



DCSS - Central Campus

Notice to Parents and Students: Outside Media in Schools 2024-2025 School Year

For parents* and high school students: Ple	ease complete, sign, and return to your scho	ool.
Student's Name: (Last)	(First) (please print)	
, ,	(please print)	
to the school or to school activities and a	llowed to take photos or video or conduct	are sometimes permitted or invited to come interviews with students, for the purposes public education, and encouraging student
If you do <u>not</u> want your child to b	e involved in such activities, you need to	:
Tell your child to avoid these si	tuations,	
Tell your child's teacher of your	r wishes,	
• Complete and return this form with the box below filled out to ask the school and school district to take reasonable steps to avoid this type of publication of your child's name, image, or personal information by outside media.		
trips or off school grounds) or school eve		ne media or others in public locations (such as field nts, student performances, school board meetings, etc. the School Principal.
		Parent's signature
*For parents who have court orders descr exercise the student's privacy protection r		l be signed by the parent who has the right to
NOTE: To be completed only if you school events.	wish to object to publication of your child	d's personal information by outside media at
REQUEST that the school and its staff to by outside media when they are present of personal information that is necessary		ny child's image or name collected or published vitation of the school. I CONSENT to disclosure ose to override this Notice by giving my
Date:		
Parent's Name: (Last)	(First)	(please print)
Parent/Guardian* Signature:		
Parent/Guardian Contact Information	on (for contacts related to this notice)	
Telephone No.:	Email:	

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