



Don Titus Montessori School  
 School District No. 59 (Peace River South)  
 P.O. Box 538 Chetwynd, BC V0C 1J0 Phone: (250) 788-2531

**Notice to Parents and Students:**

**Outside Media in Schools 2018-2019 School Year**

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

**Student's Name:** (Last) \_\_\_\_\_ (First) \_\_\_\_\_  
 (please print)

Media (including radio, television, newspapers, and other print and online media) are sometimes permitted or invited to come to the school or to school activities and allowed to take photos or video or conduct interviews with students, for the purposes of promoting public understanding of school programs, building public support for public education, and encouraging student achievement.

**If you do not want your child to be involved in such activities**, you need to:

- Tell your child to avoid these situations,
- Tell your child's teacher of your 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.

Note that school staff cannot control news media access, photos/videos taken by the media or others in public locations (such as field trips or off school grounds) or school events open to the public, such as sports events, student performances, school board meetings, etc. **For Parents:** I acknowledge receipt of this Notice. If I have questions I will contact the School Principal.

\_\_\_\_\_  
**Parent's signature**

*\*For parents who have court orders describing their parental rights, this form should be signed by the parent who has the right to exercise the student's privacy protection rights*

**NOTE: To be completed only if you wish to object to publication of your child's personal information by outside media at school events.**

**I do not want** my child's image or name being published by outside media. I have told my child's teacher of my wishes. **I REQUEST** that the school and its staff take all reasonable steps to avoid having my child's image or name collected or published by outside media when they are present in school or at school activities at the invitation of the school. **I CONSENT** to disclosure of personal information that is necessary to comply with this request. **I MAY** choose to override this Notice by giving my consent in a specific circumstance. This request applies during the current school year unless I expressly revoke it.

**Date:** \_\_\_\_\_

**Parent's Name:** (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (please print)

**Parent/Guardian\* Signature:** \_\_\_\_\_; **Parent/Guardian Contact Information** (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: School District Information and Privacy Officer, Candace Clouthier; 11600 – 7<sup>th</sup> Street Telephone Number: 250-782-8571 Email: [candy\\_clouthier@sd59.bc.ca](mailto:candy_clouthier@sd59.bc.ca)