

SOUTH PEACE DISTRIBUTED LEARNING

11311 13A Street,
Dawson Creek, B.C. V1G 3X8
(250) 782-0122

**Personal Information Consent
2022-2023**

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 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.

A. _____ 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This consent may be withdrawn at any time, in writing, but withdrawal of consent does not require the school or District to take any steps to withdraw from publication any previously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 Unless withdrawn, this consent is effective immediately and lasts until September 30 of the next school year.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: _____

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 consent or about the collection of student personal information, you may contact:
School District Information and Privacy Officer, Christy Fennell
11600 – 7th Street Telephone Number: 250-782-8571 Email: cfennell@sd59.bc.ca

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**Notice to Parents and Students: Outside Media in Schools
2022-2023 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:** _____

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