



Personal Information Consent 2025-2026

Please complete, sign, and return to your school.

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

(Last) _____ (First) _____
(please print)

(Last) _____ (First) _____
(please print)

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This consent may be withdrawn at any time, in writing, but withdrawal of consent does not require the school or District to take any steps to withdraw from publication any previously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 Unless withdrawn, this consent is effective immediately and lasts until September 30 of the next school year.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

