

STUDENT PERSONAL INFORMATION CONSENT 2019/20

This consent form pertains to the collection, use, and sharing of student personal information during the 2018/19 school year. Please review, sign, and return it to the school. It will be effective immediately and will be valid until September 30, 2020.

STUDENT NAME:			DIV:
(please print)	(Last)	(First)	
directly related to		lect, use, and share student ir educational functions. For sent is required.	
videos, images, wo district websites,	ork and/or names of st for education relate	consent to collect, keep, us udents in a variety of public ed purposes (e.g. recogni unity, and informing about s	ations and/or on school or zing/encouraging student
 school or distriction in limited or publications school or distriction (e.g. YouTube), v 	ic circulation;	g. newsletters, brochures, your sites (e.g. Facebook), and cess;	,
by the school of posted on t (Note: This con	or district for purposes on the worldwide web sent may be withdrawr	sharing of my child's name, as outlined above. I am awa may be stored/accesse n at any time. However, this o n any previously published m	re that images/information ed outside of Canada. does not require the school
		sclosure of my child's name, ar for purposes outlined abov	
PARENT/GUARDIAN			
	(Last)		(First)
*PARENT/GUARDIA *see previous page reg	N SIGNATURE: arding parental rights court of		DATE:

If you have questions about this consent form or about the collection of student personal information, please email communications@burnabyschools.ca.





8525 Forest Grove Dr Burnaby, BC V5A 4H5 604-296-9026 forestgrove.burnabyschools.ca

NOTICE TO PARENTS REGARDING MEDIA IN SCHOOLS

STUDENT NAME:		DIV:			
(please print)	(Last)		(First)		
permitted to comphotos or video, f	evision, newspapers, ne to the school. The or the purposes of pro- education, and end	ey may want omoting publi	to conduct in cunderstandir	terviews with studing of school prog	dents, or take
TELASE CITEOR	OITE.				
	child <u>IS ALLOWED</u> eck this box, sign and				by media,
please ch	NOT want your child's eck this box, advise y s 1& 2 below),	your child and	their teacher	and initial that yo	ou have done
2) I have 3) I requ having 4) I cons that is	asked my child to a advised the teacher est that school an g my child's image, w sent to disclosure k necessary to give eff ware that I can overr	r that I want m nd district stat vork or name o by the schoo fect to this req	y child to avo if will take a collected or pu l/district staff uest.	id media situation II reasonable sto ublished by medio of the persono	eps to avoid a. al information
	ge receipt of this r nediately and will be				hat it will be
PARENT/GUAR	DIAN NAME:				
•	(1	Last)	(F	irst)	-
*PARENT/GUA	RDIAN SIGNATURE: _		D	ATE:	

*This form must be signed by the parent who has the right to exercise their child's privacy protection rights if there is a parental rights court order. Please attach a copy of this documentation.

PLEASE NOTE: School and district staff cannot control photos/videos taken by the media or others in public locations (eg. field trip) or school events open to the public (eg. sports events, student performances, school board meetings, etc.)