



# SCHOOL DISTRICT 46 - SUNSHINE COAST: PERSONAL INFORMATION CONSENT

For parents and/or high school students, please complete, sign, and return to your school.

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

School: \_\_\_\_\_

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 or student consent is required.

The Board of Education of School District 46 is seeking your consent to collect, keep, use and share photographs, artwork, videos, images, and/or names of students in a variety of publications (yearbooks, newsletters, brochures, newspapers/media, community displays and reports) and on the school or District's website(s) or social media 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.

**This form will remain active for the duration of your child's enrollment at this school and may be withdrawn by you at any time.**

Please check **A** OR **B** (not both):

A.  **I GIVE MY CONSENT** for the school or District to collect, use, and share my child's name and/or image and/or artwork 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*This consent may be withdrawn at any time in writing but withdrawal of consent does not require the school or District to take any steps to withdraw from publication any previously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 Unless withdrawn, this consent is effective immediately and lasts for the duration of time your child is enrolled at this school.*

B.  **I DO NOT CONSENT** to the use and disclosure of my child's name and/or image and/or artwork for the above purposes for the duration of time my child is enrolled at this school.

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

## HIGH SCHOOL ONLY:

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

Parent/Guardian/High School Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return completed form to your school.**

For information on the Freedom of Information and Protection of Privacy Act (FOIPPA) in School District 46 - Sunshine Coast contact the SD46 FOI Officer, 494 South Fletcher Road, PO Box 220, Gibsons, BC V0N 1V0. T: 604-886-8811. E: foi@sd46.bc.ca.