



SCHOOL DISTRICT NO. 73
KAMLOOPS/THOMPSON

SCHOOL DISTRICT #73 PARENTAL CONSENT FORM

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

PARENTAL CONSENT – FOR USE UNTIL GRADUATION OR TRANSFER

In accordance with the **FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT**, School District #73 (Kamloops/Thompson) requires consent to use personal information for purposes unrelated to educational program.

1. There are occasions when the school would like to have contact with parents to consult them directly about school issues or meetings or to plan school related activities. To contact you for these purposes, we need consent for the disclosure of your name, home address and phone number to School District Personnel, Parent Advisory Councils, or others responsible for organizing these types of activities. Your personal information will not be disclosed to anyone for business or commercial purposes.
- YES** - I give my consent for release of my home address and phone number for purposes consistent with the above.
- NO** – I do not permit the release of my home address and phone number for purposes consistent with the above.

Signature of Parent/Guardian

Date

2. It is a tradition in our School District to allow school staff, district staff and the media to photograph or videotape individual and groups of students to commemorate events and to promote various educational, sports and cultural events taking place in the district. While photographs or videos add to the community life of our school, they are not required for educational purposes. As such, consent for the release of your child's name, photograph and comments is required. ***Students' names, photographs and comments may be published in the school yearbook or newsletter, and on occasion, in the School District calendar, annual report, website, or in the news media.***
- YES** – I give my consent for the publication of my child's name, photograph and comments for purposes consistent with the above.
- NO** – I do not permit the publication of my child's name, photograph, and comments for purposes consistent with the above.

Signature of Parent/Guardian

Date

SCHOOL DISTRICT NO. 73 (KAMLOOPS/THOMPSON)

PARENTAL CONSENT

FOR VIDEOTAPING

I _____ hereby give permission to video-

tape my child _____ for the purpose of

(a) educational programming _____

(b) staff training _____

(c) student assessment _____

I understand that I have the right to access the video and that the video will be released only to the following agency/organization(s):

_____ (n/a if not applicable).

(Parent or Guardian)

Signature

Dated this _____ day of _____, 20____.