The Greater Victoria School District No. 61 **Personal Information Consent Form** 2016/2017

Student's Name: (Last) ______ (First) _____



For parents*: Please complete, sign and return to your school.

	(please print)
School:	
Collection, use, and sharing of student	ersonal information
	ollect, use and share student personal information that is directly related to and necessary r school or education-related purposes, parental or student consent is required.
Greater Victoria, is seeking your consel variety of publications and on the scho	formation and Protection of Privacy Act, the Board of Education of School District No. 61, to collect, keep, use and share photographs, videos, images, and/or names of students in a or District's website(s) for education-related purposes, such as recognizing and encouraging of community and informing others about school and District programs and activities.
public circulation;	ions, such as newsletters, news releases, yearbooks, brochures, and reports in limited or cial media sites (e.g. Facebook), and online video (e.g. YouTube), with limited or public
Please complete A i) and/o	ii) <u>OR</u> B (but not both A and B)
consistent with the above. I unof Canada. First name only I ii) I GIVE MY CONSENT consistent with the above. I uncanada. This consent may be withdrawn District to take any steps to with	the school or District to collect, use, and share my child's name for purposes erstand that information posted on the internet may be stored and accessed outside First and last name rthe school or District to collect, use, and share my child's image for purposes erstand that images posted on the internet may be stored and accessed outside of at any time in writing but withdrawal of consent does not require the school or draw from publication any previously published material. Unless withdrawn, this and lasts until September 30 of the next school year (2017).
	e use and disclosure of my child's name and/or image for the above purposes for
*For parents who have court orders right to exercise the student's priva	describing their parental rights, this form should be signed by a parent who has the protection rights.
Date:	
Parent's Name: (Last)	(First)(please print)
Parent/Guardian* Signature:	
Parent/Guardian Contact Informat	on (for contacts related to this notice)
Telephone No.:	Email:
*For parents who have court orders right to exercise the student's priva	describing their parental rights, this form should be signed by a parent who has the protection rights.

This form is effective for the 2016/2017 school year up to and including September 30, 2017

If you have any questions about this consent or about the collection of student personal information, you may contact

the school principal or the Superintendent's Office.