



Parkcrest Elementary School

6055 Halifax Street

Burnaby, B.C. V5B 2P4

Ph: 604-664-8794 — Web: parkcrest.sd41.bc.ca

STUDENT PERSONAL INFORMATION CONSENT 2016-2017

STUDENT NAME: _____ **DIV:** _____
(Please print) (Last) (First)

This consent form pertains to the collection, use, and sharing of student personal information during the 2016-2017 school year. Please review, sign, and return it to the school. It will be effective immediately, and will be valid until September 30, 2017.

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.

Burnaby School District is seeking your consent to collect, keep, use and share photographs, videos, images, work and/or names of students in a variety of publications and/or on school or district websites, for education related purposes (e.g. recognizing/encouraging student achievement), building the school community, and informing about school/district programs.

For example, student names, images or work might be used in:

- School or district communications (e.g. newsletters, brochures, yearbooks and/or reports) in limited or public circulation;
- school or district websites, social media sites (e.g. Facebook), and/or online video channels (e.g. YouTube), with limited or public access;
- Videos, CDs, and DVDs designed for educational use only.

I CONSENT to the collection, use, and sharing of my child's name, work and/or image for use by the school or district for purposes as outlined above. I am aware that images/information posted on the worldwide web may be stored/accessed outside of Canada. *(Note: This consent may be withdrawn at any time. However, this does not require the school or district to withdraw from publication any previously published material.)*

I DO NOT CONSENT to the use and disclosure of my child's name, work and/or image for use by the school or district this school year for purposes outlined above.

PARENT/GUARDIAN NAME: _____
(Please print) (Last) (First)

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

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.

If you have questions about this consent form or about the collection of student personal information, please email communications@sd41.bc.ca.



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NOTICE TO PARENTS REGARDING MEDIA IN SCHOOLS

STUDENT NAME: _____ DIV: _____
(Please print) (Last) (First)

Media (radio, television, newspapers, and other print or online media) are sometimes invited or permitted to come to the school. They may want to conduct interviews with students, or take photos or video, for the purposes of promoting public understanding of school programs, building support for public education, and encouraging student achievement.

PLEASE CHECK ONE ONLY:

If your child **IS ALLOWED** to be photographed or interviewed by media, please check this box, sign and return this notice to the school.

If you **DO NOT** want your child's name, image, or personal information published by media, please check this box, advise your child and their teacher and initial that you have done this (Steps 1 & 2 below), sign below, and return this notice to the school.

- 1) I have asked my child to avoid media situations. **Initial:** _____
- 2) I have advised the teacher that I want my child to avoid media situations. **Initial:** _____
- 3) I request that school and district staff will take all reasonable steps to avoid having my child's image, work or name collected or published by media.
- 4) I consent to disclosure by the school/district staff of the personal information that is necessary to give effect to this request.
- 5) I am aware that I can override this notice, and give consent in a specific circumstance.

I acknowledge receipt of this notice regarding media and understand that it will be effective immediately, and will be valid until September 30, 2017.

PARENT/GUARDIAN NAME: _____
(Please print) (Last) (First)

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

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 (e.g. field trip) or school events open to the public (e.g. sports events, student performances, school board meetings, etc.)