



The Board of Education of School District No. 83 (North Okanagan-Shuswap)

PO Box 129 ~ 341 Shuswap St. S.W. ~ Salmon Arm, BC, V1E 4N2 ~ Phone: (250) 832-2157

PERSONAL INFORMATION CONSENT

For parents of students: Please complete.

Student Name: _____

Collection, use, and sharing of student personal information

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.

In order to recognize and encourage student achievement, build the school community and inform others about school and District programs and activities, The Board of Education of School District No. 83 is seeking your consent to collect, keep, use and share photographs, videos, images, and/or names of students in a variety of publications and on the school or District's website(s) for education related purposes.

For example, student names, and/or images may be used or shared in:

- School and District communications (including those from the Parent Advisory Council) such as newsletters, brochures, and reports in limited or public circulation
- School and District websites, social media sites (e.g. Facebook), and online video (e.g. YouTube), with limited or public access
- Videos, CDs, and DVDs designed for educational use only

Please indicate if you

- A - CONSENT** for the school or District to collect, use, and share my child's name and/or image 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This consent may be withdrawn at any time in writing but withdrawal of consent does not require the school or District to take any steps to withdraw from publication any previously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 Unless withdrawn, this consent is effective immediately and lasts until September 30 of the next school year.

OR

- B - DO NOT CONSENT** to the use and disclosure of my child's name and/or image for the above purposes for this school year. If you have questions about this consent or about the collection of student personal information, you may contact your school principal.

Parent Name	Parent Name
Signature	Signature