

_____	Student Name
_____	Current Grade
_____	School



**Consent for Recording Student Information
by School Staff for Public Disclosure
form 1**

Parents*: Please read this carefully. Circle your decision regarding consent for recording or displaying of your child's information. Complete the bottom of the form and have your child return it to the school promptly. Thank you!

Your consent is required for school staff to record and publicly disclose images and other information of your child and/or their work. These recordings/displays may be displayed in public locations such as the neighbourhood library, the local mall or on the schools' web site. Student images and information may be shared with the parents of other students in webcasts or through other unique activities that are extra-curricular.

These recordings or displays may include photographs, webcasts, blogs, audio or visual recordings, video clips of your child and/or their school work.

You were made aware in the [Guide to the School Year](#) of the collection, use and disclosure of student information for Board-sanctioned educational programs and services.

You understand that refusing permission may impact your child's participation in certain school activities.

I give / do not give consent (circle your choice)

Name (please print)

Signature

Relation to student

Date

Personal information is collected pursuant to the Education Act, as amended, and will be used to confirm permission to collect and display recordings of students. Contact the School Principal for more information. Please note that you can revoke your permission at any time by contacting the school Main Office.

*Parents include legal guardians and parents with child access rights

FILE: LEG – Consents Student Information Consent Protocol Form 1 Valid for the current school year or until revoked.

RETAIN: current school year + previous school year