



**SCHOOL DISTRICT NO. 20 (KOOTENAY-COLUMBIA)**

2001 Third Avenue, Trail BC V1R 1R6 – Phone 250.368.6434 / Fax 250.364.2470

**FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT**

**Parental Consent**

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In accordance with the Freedom of Information and Protection of Privacy Act (FOI/POPA), School District No. 20 (Kootenay-Columbia) requires consent to use personal information for purposes unrelated to educational programs.

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**Personal Information**

These are occasions when our 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.

Student Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**Release of Student Photographs**

It is a tradition in our School District to allow district staff and the media to photograph individual students and groups of students to commemorate events and to promote various educational, sports and cultural events taking place in the district. While photographs add to the community life in our school, they are not required for educational purposes. Students' names, photographs and comments may be published in the school electronic database, school yearbook, school and/or district website or newsletter, or in the news media.

**YES** – I give my consent for release of my child's photo for purposes consistent with the above.

**NO** – I do not permit the release of my child's photo for purposes consistent with the above.

Student Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_