



School District No. 20 (Kootenay-Columbia)

Suite 120 – 1290 Esplanade, Trail, BC V1R 4T2
Tel: (250) 368-6434 Fax: (250) 365-2470

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT Parental Consent

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

1. 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.

Signature: _____
Parent/Guardian Student Name Date

2. 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. As such, consent for the release of your child's name, photograph and comments is required. 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.

Signature: _____
Parent/Guardian Student Name Date