The Greater Victoria School District No. 61 **Personal Information Consent Form** 2021/2022

Student's Name: (Last) ______ (First) _____



For parents*: Please complete, sign and return to your school.

	(please print)
School:	
Collection, use, and sharing of student pe	ersonal information
	ellect, use and share student personal information that is directly related to and necessary school or education-related purposes, parental or student consent is required.
Greater Victoria, is seeking your consent variety of publications and on the school	formation and Protection of Privacy Act, the Board of Education of School District No. 61, to collect, keep, use and share photographs, videos, images, and/or names of students in a or District's website(s) for education-related purposes, such as recognizing and encouraging community and informing others about school and District programs and activities.
public circulation;	ons, such as newsletters, news releases, yearbooks, brochures, and reports in limited or ial media sites (e.g. Facebook), and online video (e.g. YouTube), with limited or public
Please complete A i) and/or i	ii) <u>OR</u> B (but not both A and B)
consistent with the above. I unde of Canada. First name only ii) I GIVE MY CONSENT for consistent with the above. I unde Canada. This consent may be withdrawn a District to take any steps to withdrawn.	the school or District to collect, use, and share my child's name for purposes rstand that information posted on the internet may be stored and accessed outside First and last name The school or District to collect, use, and share my child's image for purposes rstand that images posted on the internet may be stored and accessed outside of any time in writing but withdrawal of consent does not require the school or draw from publication any previously published material. Unless withdrawn, this and lasts until September 30 of the next school year (2021).
	use and disclosure of my child's name and/or image for the above purposes for
*For parents who have court orders d right to exercise the student's privacy	escribing their parental rights, this form should be signed by a parent who has the protection rights.
Date:	
Parent's Name: (Last)	(First) (please print)
Parent/Guardian* Signature:	
Parent/Guardian Contact Informatio	n (for contacts related to this notice)
Telephone No.:	Email:
	escribing their parental rights, this form should be signed by a parent who has the

This form is effective for the 2021/2022 school year up to and including September 30, 2021

If you have any questions about this consent or about the collection of student personal information, you may contact

the school principal or the Superintendent's Office.