**STUDENT PERSONAL INFORMATION CONSENT 2016/17**

**­­­­­**This consent form pertains to the collection, use, and sharing of student personal information during the 2016/17 school year. Please review, sign, and return it to the school. It will be effective immediately, and will be valid until September 30, 2017.

**STUDENT NAME**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DIV:**\_\_\_\_\_\_
 (please print) (Last) (First)

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.

Burnaby School District is seeking your consent to collect, keep, use and share photographs, videos, images, work and/or names of students in a variety of publications and/or on school or district websites, for education related purposes (e.g. recognizing/encouraging student achievement), building the school community, and informing about school/district programs.

For example, student names, images or work might be used in:

* school or district communications (e.g. newsletters, brochures, yearbooks and/or reports )
in limited or public circulation;
* school or district websites, social media sites (e.g. Facebook), and/or online video channels
(e.g. YouTube), with limited or public access;
* videos, CDs, and DVDs designed for educational use only.
* **I CONSENT** to the collection, use, and sharing of my child’s name, work and/or image for use by the school or district for purposes as outlined above. I am aware that images/information posted on the worldwide web may be stored/accessed outside of Canada.
*(Note: This consent may be withdrawn at any time. However, this does not require the school or district to withdraw from publication any previously published material.)*
* **I DO NOT CONSENT** to the use and disclosure of my child’s name, work and/or image for use by the school or district this school year for purposes outlined above.

**PARENT/GUARDIAN NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 (Last) (First)

**\*PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
*\*see previous page regarding parental rights court orders*

*If you have questions about this consent form or about the collection of student personal information, please email communications@sd41.bc.ca.*