







## **Freedom of Information Consent Form for Secondary Students**

Over the course of the school year and as part of our mandate to educate students, the Limestone District School Board, under the authority of the *Education Act*, as amended, collects personal information about each student from both the student and his/her parent(s) or guardian(s). The Board is proud of our students and their achievements; however, in order for us to release personal information about students and/or their achievements, and for other administrative purposes, parent/guardian consent is required to comply with the provisions of the *Municipal Freedom of Information & Protection of Privacy Act*. As such, please review the following indicating your consent to the release of personal information and/or the participation of your student in school activities/events. Mark your consent/permission with an 'X' in the appropriate box. Please sign, date and return the completed form to the classroom teacher.

STUDENT NAME:		DATE OF BIRTH:			
SCHOOL: CLASS/GRADE:					
				1	
DO YOU CONSENT TO:					NO
1.	Your student's participation in teacher-super		-		
_	libraries, museums and art galleries to suppo				
2.	Your student participating in intramural activinherent risk, such as volleyball, soccer, floor		· · · · · · · · · · · · · · · · · · ·		
3.	Your student's name, photograph, video or digital image and/or school work such as photographs, artwork, writing or other activities being copied, used, displayed or shared in			a)	a)
	<ul><li>a) School public displays and publications s</li><li>b) Board public displays and publications s</li></ul>	b)	b)		
4.	Your student's name and home address bein				
4.	Provincial Parliament (MPP) or Member of P	•			
5.	I GIVE permission to have my student's name work such as photographs, artwork, writing of		_		
	online social media platforms (e.g. websites,	• • • • • • • • • • • • • • • • • • • •	•		
6.	The release of your student's name, photogr		•		
	such as photographs, artwork, writing or other work to media outlets (newspaper, radio, television & websites).				
7.	I GIVE permission for the School and/or Parent Council to send newsletters and other updates				
	to my email inbox. I understand that some of these items may contain information of a				
	commercial nature such as, but not limited to, fundraising, field trips, lunch programs, school				
	photos and yearbooks.				
	If you answered yes, please provide your email address:				
NAME OF PARENT/GUARDIAN		SIGNATURE OF PARENT/O	GUARDIAN	DATE	
		1			

To remove your consent for any of the above times, at any time, please contact your school.

FOR STUDENTS 18 YEARS OF AGE OR OLDER								
DO YOU CONSENT TO:	YES	NO						
All of the items as listed on page 1 above?								
The continued disclosure of ALL student-related peparents/guardians?								
The disclosure of information ONLY contained in your parents/guardians?								
The disclosure of PERSONAL information other than parents/guardians?								
If you answered yes to question 7 on page 1, please provide your email and cell phone:								
Email:								
Cell Phone:								
NAME OF STUDENT OVER AGE 18	SIGNATURE OF STUDENT OVER AGE 18	DATE						