

Consent to Share Student Information

Media Relations – Pre K to Grade 9

Northern Lights School Division is seeking your consent to share information about your child as described below. Before we share any information that is not covered in this consent, we will ask your permission.

The information that we would like your consent to share is:

- student's name, grade level and age
- individual or group photos and video
- artwork, writing samples or other student work

We would like to use this information in the following ways:

1. Education purposes in the school and community:
 - school calendar, newsletter or other school publications
 - honour roll, yearbook
 - displays of student work in the school division
 - sharing copies of photos and videos with classmates
2. Public media including the internet:
 - school division website
 - congratulatory messages for graduation, academic or athletic achievement
 - media interviews
 - photos and video shared with the media
 - displays of student work outside the school division

If we share any student information we promise to:

- check that we have your consent on file
- consider the privacy interests of your child
- balance the privacy interests of your child with the educational value for students sharing the pride of their achievements

Please note that:

1. We are required by law to share personal information of students with the Ministry of Education; and,
2. in some cases, we are allowed by law to share personal information of students with other agencies such as Health when it is in the best interest of the child.

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1. I understand that Northern Lights School Division may share the information of my child for the purposes listed on page 1. Uses may include both education purposes and public media including the internet.
2. I understand that consent only needs to be signed once and will cover my child for as long as my child is a student registered in the Northern Lights School Division.
3. I understand that if I wish to withdraw my consent, I can immediately contact the principal in writing.
4. I understand that I can submit a new consent form to the school at any time to change my consent.

Please select one, sign and return to the school:

Yes, as the parent or legal guardian of the student named below, I give my consent to the use of my child’s information as described on page 1

(or)

No, as the parent or legal guardian of the student named below, I do not give my consent to the use of my child’s information as described on page 1

Parent/Legal Guardian – print name

X _____
Parent/Legal Guardian - signature

Student – print full legal name

X _____
Student signature is optional

Student’s age today: _____

Date of Consent: _____
Day / Month / Year