

School District No. 51 (Boundary) Notice to Parents and Students: Outside Media in Schools Effective from date of enrolment to date of withdrawal

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

Student's Name: (Last)	(First)	
School:	(please print)	
permitted or invited to come video or conduct interviews with the conduct interviews with the conduct interviews with the conduct in the cond	sion, newspapers, and other print and online media) are sor to the school or to school activities and allowed to take pho with students, for the purposes of promoting public understablic support for public education, and encouraging student	otos or
If you do <u>not</u> want your child	I to be involved in such activities, you need to:	
Tell your child to avoid the second that	ese situations,	
Tell your child's teacher of	of your wishes,	
•	form on the back of this page to ask the school and school of avoid this type of publication of your child's name, image, of sedia.	
media or others in public loca	staff cannot control news media access, photos/videos take ations (such as field trips or off school grounds) or school eve events, student performances, Board of Education meetings	ents open
For Parents: I acknowledge recei Information and Privacy Officer.	ot of this Notice. If I have questions I will contact the School	District
	Parent's signa	ture
_	I am primarily responsible for protection of my personal priand will take appropriate steps to do so.	ivacy while
	Student's sign	ature

^{*}For parents who have court orders describing their parental rights, this form should be signed by the parent who has the right to exercise the student's privacy protection rights.

Notice to School District re: Outside Media Effective from date of enrolment to date of withdrawal

NOTE: To be completed only if you wish to register an objection to publication of your child's personal information by outside media at school events.

I do not want my child's image or name being published by outside media. I have told my child's teacher of my wishes. I REQUEST that the school district and its staff take all reasonable steps to avoid having my child's image or name collected or published by outside media when they are present in school or at school activities at the invitation of the school or school district. I CONSENT to disclosure by the school district or its staff of the personal information that is necessary to give effect to this request. I MAY choose to override this Notice by giving my consent in a specific circumstance. This request applies while my child is enrolled in the school unless I expressly revoke it.

Date:			
Parent's Name: (Last)(please pri	(First)		
Parent/Guardian* Signature:			
Parent/Guardian Contact Information (for contacts related to this notice)			
Telephone No.:	Email:		
For Students:			
· ·	above. I understand that I am primarily responsible for at school activities and will take appropriate steps to do		
Student Signature:			
	tal rights, this form should be signed by a parent who has the right to		

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

The School Principal or the Superintendent of Schools

Business Address: 1021 Central Avenue, Grand Forks BC V0H 1H0

Telephone No.: 250-442-8258