



Student name _____

Teacher _____

Grade _____

Student Information Consent Form (2019-2020)

Schools routinely collect, use and disclose student personal information in keeping with the Education Act and other laws. All activities, programs and technologies that collect, use or disclose student personal information are assessed to ensure student privacy is protected.

Please indicate your consent by checking the appropriate box. By clicking a box, you are indicating that you, being the parent/legal guardian of the student named above, an adult student or an adult participant, have read and understand the information provided on this form.

	I consent	I do not consent
Share your child's name, grade, achievements and photographs of the student in the school yearbook. Individual grades or marks will not be posted.		
Share your child's achievements and photographs in our school newsletter, website and through official YRDSB and school social media accounts. Your child's first name and grade may be referred to. Individual grades or marks will not be posted.		
Have commercial photographers take school photos, including class and individual photographs on photo day. York Region District School Board may use these photographs for administration purposes.		
Use student information to administer events such as commencement, assemblies and science fairs.		
Have your child recorded or photographed by a YRDSB staff member, volunteer or student teacher for the purpose of a learning program or teaching materials. These photos and videos may be used within the school or board.		
Have your child participate in video conferencing for the purpose of learning.		
Have your child photographed or recorded by media for stories throughout the school year. Where your child may be individually interviewed by members of the media, specific permission will be sought.		
Have your child photographed or recorded by media and/or individually interviewed related to their participation in extracurricular activities.		

This consent is valid for one school year. Consent may be revoked at any time by contacting the school office in writing. Please contact the school if you have any questions.

Parent/Guardian/Adult Student Name (print): _____

Parent/Guardian/Adult Student Signature: _____

Date: _____

Personal information is collected under the authority of the Education Act and will be used to manage the disclosure of student information. Contact the school principal for more information.

FILE: LEG -Consents or OSR or HUM-Employee File. Valid for 12 months from date of last use/application