



## FREEDOM OF INFORMATION CONSENT FORM

School: \_\_\_\_\_

School Year: \_\_\_\_\_

We are very proud of our students and their achievements. However, in order for us to release personal information about student achievement and for other administrative purposes, your consent is required to comply with the provisions of the *Municipal Freedom of Information and Protection of Privacy Act, 1989*.

Please review the following, check off the appropriate responses and return this form to the classroom teacher.

STUDENT NAME: \_\_\_\_\_

Class/Grade: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

**DO YOU CONSENT TO:**

**YES      NO**

- |    |  |                          |                          |
|----|--|--------------------------|--------------------------|
| 1. | The school's release of your child's work identified by name, such as photographs, artwork, writing or other school work, to the media to report on or publicize school events involving your child?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Your child's name, photograph, videotape image and activities being copied, used or displayed in:<br>a) Schools<br>b) School/Board public displays and publications such as newsletter or yearbooks?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | The Algonquin and Lakeshore Catholic District School Board works in conjunction with the parish priests in the preparation of eligible students for the reception of sacraments. Your child's name, address and telephone number may be released to the parish priest for the purpose of preparation for the sacraments? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Your child's name and telephone number being included in the school's telephone calling system for emergency situations? ( <b>Secondary only</b> )   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Your name and telephone number being given out for education-related purposes (Catholic School Council coordination and activities)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | Your child's name and home address being released as an elementary or secondary school graduate to the area's Member of Parliament (M.P.) or Member of Provincial Parliament (M.P.P.)? ( <b>Grade 8 and Grade 12 only</b> )  | <input type="checkbox"/> | <input type="checkbox"/> |

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Parent/Guardian

**NOTE: If at any time you wish to remove consent for any of the above, please contact the Principal.**