



East Central Alberta Catholic Schools
FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY (FOIPP) ACT
 PARENT/GUARDIAN CONSENT FORM

Student Name: _____

The personal information collected on this form is part of the Division registration process and is authorized under the provisions of the School Act and its regulations and under Section 33(c) of the FOIP Act. All personal information collected during the registration process and during the course of the school year will be used to provide and educational program and ensure a safe and secure environment. If you have any questions or concerns regarding the collection or intended use of this information, please contact the FOIP Coordinator at ECACS Office at 780-842-3992.

It is important to understand that school events which are open to the public are not subject to the conditions of the FOIP Act. These events may include general assemblies, concerts, school plays, special activities, academic-focused activities and athletics. The general public, parents and media may be in attendance and are allowed to take photographs, create video and audio recordings, and conduct interviews, without first obtaining consent. (It is not expected that the general public or parents will conduct interviews.) The media are expected to work cooperatively with schools within the realm of mutually agreed upon guidelines and protocol.

Throughout the school year, there will be opportunities for television, radio, newspaper, community organizations, and Division representatives to be invited into the school to provide outside coverage of events and programs not included in the general public category described above. Also, throughout the year, there may be opportunities to display your son/daughter's work or other forms of school work at locations outside of the school. There may also be educational activities where your son/ daughter's schoolwork may be hosted or displayed online via a website or social media tool. All of the activities described in this paragraph are not considered to be in the public domain category described in bold print above. **Your signature (parent/guardian) will authorize your selected option** with respect to your son/daughter (as named on this form) being involved with the following activities:

1. Interviewed by the media; approved community organizations; School Division.
2. Photographed by the media; approved community organizations; School Division.
3. Video or audio recorded by the media; approved community organizations; School Division.
4. Having student work and/or accomplishments displayed, recognized, or reproduced outside of school (i.e. signed art work, creative writing, Student of the Day, or academic presentations such as science fair projects).
5. Having student work posted in various social media tools for educational purposes.
6. Having your son's/daughter's name, school, grade, photo, and write ups in newsletters, yearbook or other school or school division publications, and local print and broadcast publications, ECACS websites, or social media.
7. Having your son's/daughter's name and information shared with the school council.
8. Having your son's/daughter's name and information shared with the local parish.

Note: Information relating to these student work/recognition activities noted in points 4, 5 and 6 are often communicated to the home in advance.

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Please select either Option 1 or 2 below

Option 1:

I have read the information above and understand and accept that there are a variety of uses that may be made of personal information in the context of a school setting, including the items listed under points 1 through 6 above. I give my consent to having my son/daughter involved with all of the activities listed under points 1 through 8 above.

☐ Yes

Option 2:

I have read the information above and understand and accept that there are a variety of uses that may be made of personal information in the context of a school setting. However, I will **NOT** provide my general consent to allowing my son/daughter to participate in the activities described in points 1 through 8 above. Specifically I do not consent to the following activities (Please indicate the applicable activities objected to):

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐

If you have any questions or concerns regarding the collection or use of information, please contact the FOIP Coordinator at ECACS Office at 780-842-3992.

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

Date

Reference: STAR Catholic FOIP Form