

# K-12 Registration Form

REGISTERING FOR THE FRENCH IMMERSION PROGRAM?

YES  NO



**FOR OFFICE USE ONLY:** (Please ensure Proof of Age and Residency are provided and initial in allocated area)

**CATCHMENT SCHOOL:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **STAFF INITIALS**

**Information Verified By (Staff Name):** \_\_\_\_\_

**Current Year:** Enrollment Date: \_\_\_\_\_ Grade: \_\_\_\_\_

**Next Year:** Date of Registration: \_\_\_\_\_ Time of Registration: \_\_\_\_\_ Current/Next Grade: \_\_\_\_\_

**Cross Boundary:**  YES  NO **If YES, Name of Cross Boundary School Requested:** \_\_\_\_\_

**REGISTRATION DOCUMENTATION:**

Proof of Age:	Proof of Residency:	Proof of Physical Address (catchment area schools only):
<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Certificate of Citizenship <input type="checkbox"/> Immigration Canada Documents <input type="checkbox"/> Passport <input type="checkbox"/> Permanent Resident Card <input type="checkbox"/> Indigenous Status Card <input type="checkbox"/> Driver's License (if over 19)	<input type="checkbox"/> Driver's License <input type="checkbox"/> Rental Agreement <input type="checkbox"/> Municipal Tax Bill <input type="checkbox"/> Utility Bill <input type="checkbox"/> Parent's Care Card <input type="checkbox"/> Parent's BC Services Card	<input type="checkbox"/> Driver's License <input type="checkbox"/> Proof of Purchase of Residence <input type="checkbox"/> Municipal Tax Bill <input type="checkbox"/> Notary Authorized Letter <input type="checkbox"/> Rental Agreement, Accompanied With: <input type="checkbox"/> Hydro <input type="checkbox"/> Gas <input type="checkbox"/> Cable <b>OR</b> <input type="checkbox"/> Phone Bill <input type="checkbox"/> Mortgage Statement

**TO BE COMPLETED BY PARENT/GUARDIAN (this point forward):**

**STUDENT INFORMATION:**

**LEGAL Name:** \_\_\_\_\_ (Last Name) (First Name) (Middle Name)

**USUAL Name:** \_\_\_\_\_ (Last Name) (First Name) (Middle Name)

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Legal Gender:**  M  F / **Preferred Gender:**  M  F  Other  
(DD-MM-YYYY)

**Phone(s)/Email:** \_\_\_\_\_ (Student Home) (Student Cell) (Student Work – if applicable) (Student Email)

**Address:** \_\_\_\_\_ (Apt. #, Street Name) (City) (Province, Postal Code)

**Mailing Address (if different from above):** \_\_\_\_\_

**CITIZENSHIP:**

**Country of Birth:** \_\_\_\_\_ **Citizen of:** \_\_\_\_\_ **Immigration Status:** \_\_\_\_\_

**LANGUAGE:**

**First Language:** \_\_\_\_\_ **Used at Home:** \_\_\_\_\_ **Most Used:** \_\_\_\_\_

**INDIGENOUS ANCESTRY:**  NO  YES / If YES, please tick the applicable ancestry below:

Inuit  Metis  Non-Status  Status-Off Reserve  Status-On Reserve

**Band of Origin:** \_\_\_\_\_ **Band of Residence:** \_\_\_\_\_

**FORMER SCHOOL / STRONGSTART:**

**Name of Former School:** \_\_\_\_\_ **School District #:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Has student ever attended a Mission School or StrongStart Program?**  NO  YES: **School Name:** \_\_\_\_\_

**MEDICAL:**

**Care Card Number:** \_\_\_\_\_ **Doctor's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Student has potentially life-threatening condition. Provide Details: \_\_\_\_\_

**DISABILITIES and/or DIVERSE LEARNING NEEDS (please provide any applicable documentation):**Identified Disability and/or Diverse Need(s)  NO  YES. If Yes, Please Provide Details:Student currently has an **Individualized Education Plan (IEP)**  NO  YES: If YES, Current Designations(s): \_\_\_\_\_

Other Information: \_\_\_\_\_

**PARENTS/GUARDIANS:****Parent/Guardian #1.**

Relationship: \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone(s)/Email: \_\_\_\_\_  
(Home) (Cell) (Work) (Email)Living with Student?  YES  NO / Has Custody?  YES  NO / Can Pick-Up?  YES  NO / Speaks English?  YES  NO

Address if Different from Student's: \_\_\_\_\_

**Parent/Guardian #2.**

Relationship: \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone(s)/Email: \_\_\_\_\_  
(Home) (Cell) (Work) (Email)Living with Student?  YES  NO / Has Custody?  YES  NO / Can Pick-Up?  YES  NO / Speaks English?  YES  NO

Address if Different from Student's: \_\_\_\_\_

**CUSTODY:**Are there any legal documents in force re: Custody / Guardianship / Access?  YES  NO

If YES, provide the school with a copy of these legal documents. If you have concerns about the documents, speak with the school principal.

**CUSTODY-Agency Representative: (e.g., MCFD)** Continuing Custody Order  Temporary Custody Order

If YES, provide the school with a copy of these legal documents.

**EMERGENCY CONTACT INFORMATION: (OTHER than Parents/Guardians)****Contact #3.**

Relationship: \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone(s): \_\_\_\_\_  
(Home) (Cell) (Work)Can Pick-Up?  YES  NO / Speaks English?  YES  NO**Contact #4.**

Relationship: \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone(s): \_\_\_\_\_  
(Home) (Cell) (Work)Can Pick-Up?  YES  NO / Speaks English?  YES  NO**Contact #5.**

Relationship: \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone(s): \_\_\_\_\_  
(Home) (Cell) (Work)Can Pick-Up?  YES  NO / Speaks English?  YES  NO**I VERIFY THAT THE INFORMATION CONTAINED IN THIS REGISTRATION IS ACCURATE AND COMPLETE.**

Parent/Guardian Name (please print): \_\_\_\_\_

Parent/Guardian Signature (if student is under 19): \_\_\_\_\_ Date: \_\_\_\_\_

(DD-MMM-YYYY)

# Network, Internet and Wi-Fi Access User Agreement Form for Students K – 12



The personal information on this form is collected by School District No. 75 (Mission) under the authority of the School Act. The information will be used for educational purposes. This information will be protected under the Freedom of Information and Protection of Privacy Act. Questions about the collection and use of this information should be directed to the Information and Privacy Coordinator, School District No. 75, 33046 4th Avenue, Mission, BC, V2V 1S5, 826-6286.

## Student Section

Student Name: \_\_\_\_\_ Div: \_\_\_\_\_

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

I have read *Administrative Procedure #4.0: Network, Internet, and Wi-Fi Procedure for Students K-12* and I agree to follow the rules and regulations in the policy. I understand that if I violate the rules, my account can be terminated and I may face other disciplinary measures.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Parent or Guardian Section

Students under the age of 19 must also have the signature of a parent or guardian who has read this agreement.

As the parent or guardian of the above-named student, I have read *Administrative Procedure #4.0: Network, Internet, and Wi-Fi Procedure for Students K-12* and agree to abide by the provisions therein. I understand that network services are intended for educational purposes.

In consideration of the privilege of using the MPSD.CA Network, I hereby release the district, its personnel and any institutions with which it is affiliated, from any and all claims and damages of any nature arising from my child's use of, or inability to use, the MPSD.CA Network, including, but not limited to claims that may arise from the unauthorized use of the system to purchase products or services.

I will instruct my child regarding any restrictions against accessing material that are in addition to the restrictions set forth in the District Student Acceptable Use Policy and Regulations. I will emphasize to my child the importance of following the rules for personal safety and understand that it is impossible for the School District No. 75 (Mission) to restrict access to all controversial materials, and I will not hold School District No. 75 (Mission) responsible for materials acquired via its networks.

I give permission for \_\_\_\_\_ (name of student) to access the SD75.MISSION Network and/or the Internet and/ or Wi-Fi and certify that the information contained in this form is correct.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**This form will be retained at the office of the enrolling school of the student.**

# Photograph, Video, and Media Consent Form



File No. 1025.99

School Districts must comply with the *Freedom of Information and Protection of Privacy Act* which sets out the privacy rights of individuals and provides regulations on protecting personal information for the public sector.

Mission Public Schools must have consent to collect, use, and publicly release photographs, videos, and audio of students.

## Please complete the information below and return this form to your school.

Student names or images may be shared for the following purposes:

1. School yearbooks

**Yes**, I consent to the release of my child's personal information for the prescribed purpose outlined above.

**No**, I do not consent to the release of my child's personal information for the prescribed purpose outlined above.

2. School and/or school district website, newsletter, social media sites, or videotaping in the classroom and/or during special events for presentation purposes.

**Yes**, I consent to the release of my child's personal information for the prescribed purpose outlined above.

**No**, I do not consent to the release of my child's personal information for the prescribed purpose outlined above.

<b>Student Name:</b>
<b>School:</b>
<b>Parent/ Guardian Name:</b>
<b>Parent/ Guardian Signature:</b>
<b>Date:</b>

**NOTE:** Mission Public Schools does not have control over public events at which individuals voluntarily appear or attend, and external media is present.

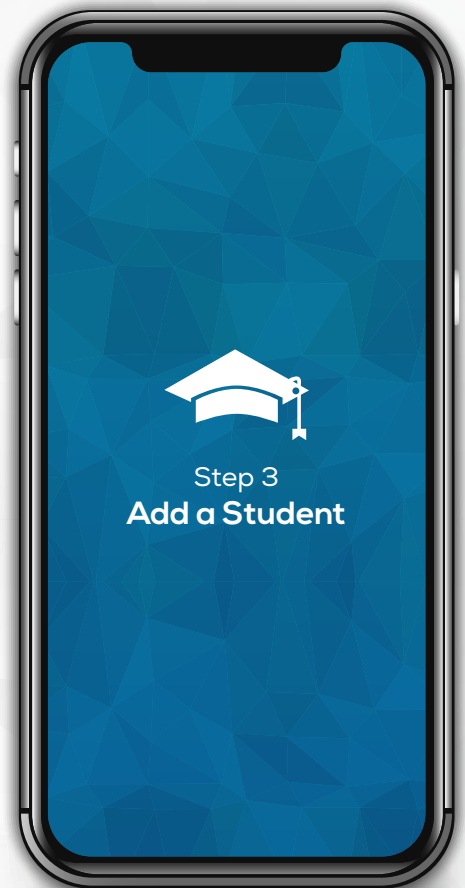
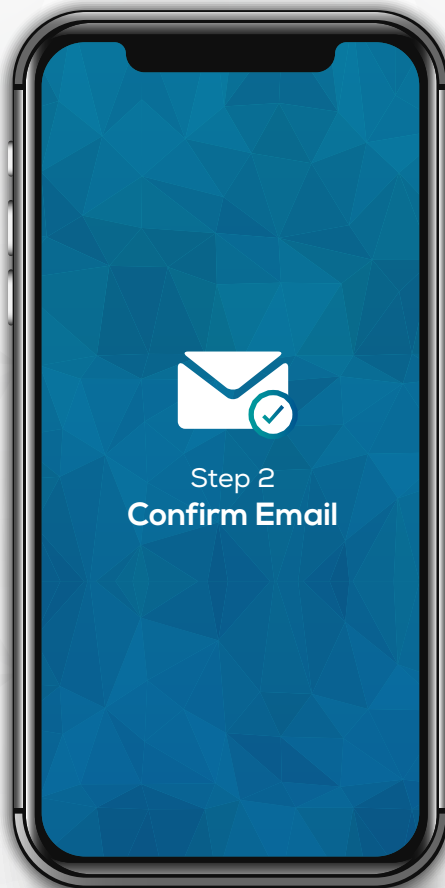
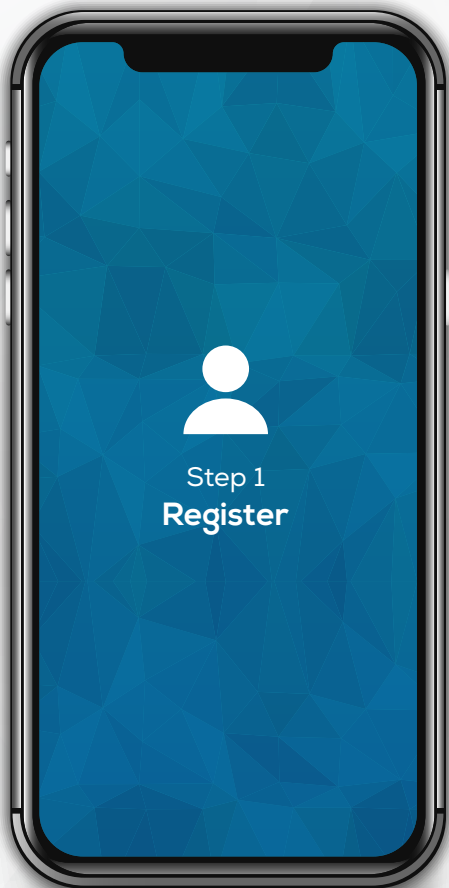
The information described above is collected in accordance with **Section 26 (c) (d) and (g)** of the *Freedom of Information and Protection of Privacy Act*. Mission Public Schools must seek consent to disclose personal information for the examples listed above. Questions and concerns should be directed to the School Principal or the District Privacy Coordinator at [privacy@mpsd.ca](mailto:privacy@mpsd.ca).

# Welcome to SchoolCashOnline

Fast. Safe. Convenient.

For safety and efficiency reasons, Mission School District would like to reduce the amount of cash & cheques coming into our schools. Please join the thousands of parents who have already registered and are enjoying the convenience of paying ONLINE!

It takes less than 5 minutes to register. Please follow these step-by-step instructions so you will begin to receive email notifications regarding upcoming events involving your child.



Go to  
<https://mpsd.schoolcashionline.com>  
and click on **Register**.

- ✓ Enter in your first name, last name, email and create a password.
- ✓ Select a security question.
- ✓ Check YES to receive email notifications

A registration confirmation email will be forwarded to you. **Click on the link provided inside the email** to confirm your email and School Cash Online account (**check spam**).

The confirmation link will open the School Cash Online site, prompting you to **sign into your account**. Use your email address and password to log in.

This step will connect your child to your account.

- Enter the **School Board Name**.
- Enter the **School Name**.
- Enter Your Child's **First Name, Last Name and Date of Birth**.
- Select **Continue**.
- On the next page confirm that you are related to the child, check in the **Agree** box and select **Continue**.
- Your child has been added to your account.

If you require assistance, select the **SUPPORT** option in the bottom right hand corner of the screen or go to [helpdesk.supportschoolcashionline.com](https://helpdesk.supportschoolcashionline.com)

Fast. Safe. Convenient.

# Welcome to *School Cash Online*

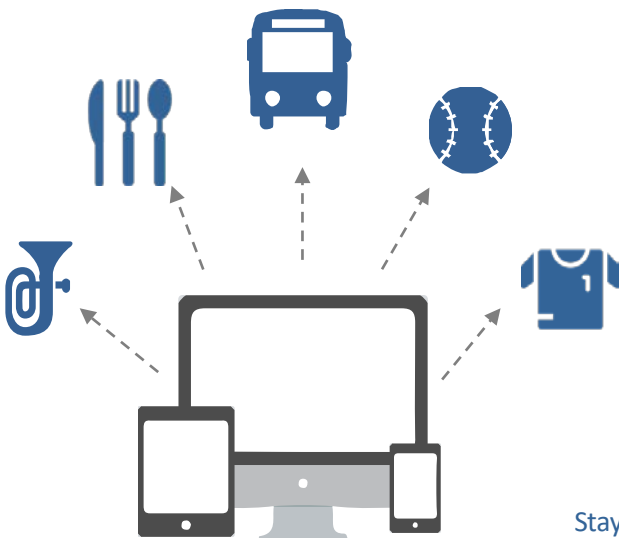
## What is School Cash Online?

School Cash Online is an online parent portal that offers a safe, fast and convenient way to pay for school activity fees. The portal is customized to meet your school's needs and allows you as a parent, to add your students, make payments, check current balance/account history, print or view receipts, and receive notifications about upcoming events.

## Why Use School Cash Online?

With School Cash Online, you can pay all your student's school fees with the click of a button. Wherever. Whenever. Trips to the school to drop-off cash or sending your student with money will be a thing of the past. School Cash Online also enables you to keep track of your student's school items and activities.

## Purchase these items and more online.



CSAE 3416  
TRUST CERTIFIED

## Which Payment Methods are Accepted?



### Credit Card

Pay with Visa or MasterCard on School Cash Online by entering your credit card number, CVV number (the three digits on the back of your card), card expiry date, and billing information.



### eCheck

An electronic version of a paper cheque used to make payments online. Anyone with a chequing or savings account can pay by eCheck through School Cash Online.

## How to Register

Follow these instructions to create your School Cash Online account today.

- 1 **Create Your Profile:**  
Go to <https://mpsd.schoolcashonline.com> and click on "Get Started Today".
- 2 **Confirm Your Email:**  
Check your inbox for the email confirmation and click on the link inside. Sign in with your new login details.
- 3 **Add a Student**  
Click "Add Student" and fill in the required fields with your child's details.

Stay connected by selecting "Yes" to email notifications about upcoming fees.

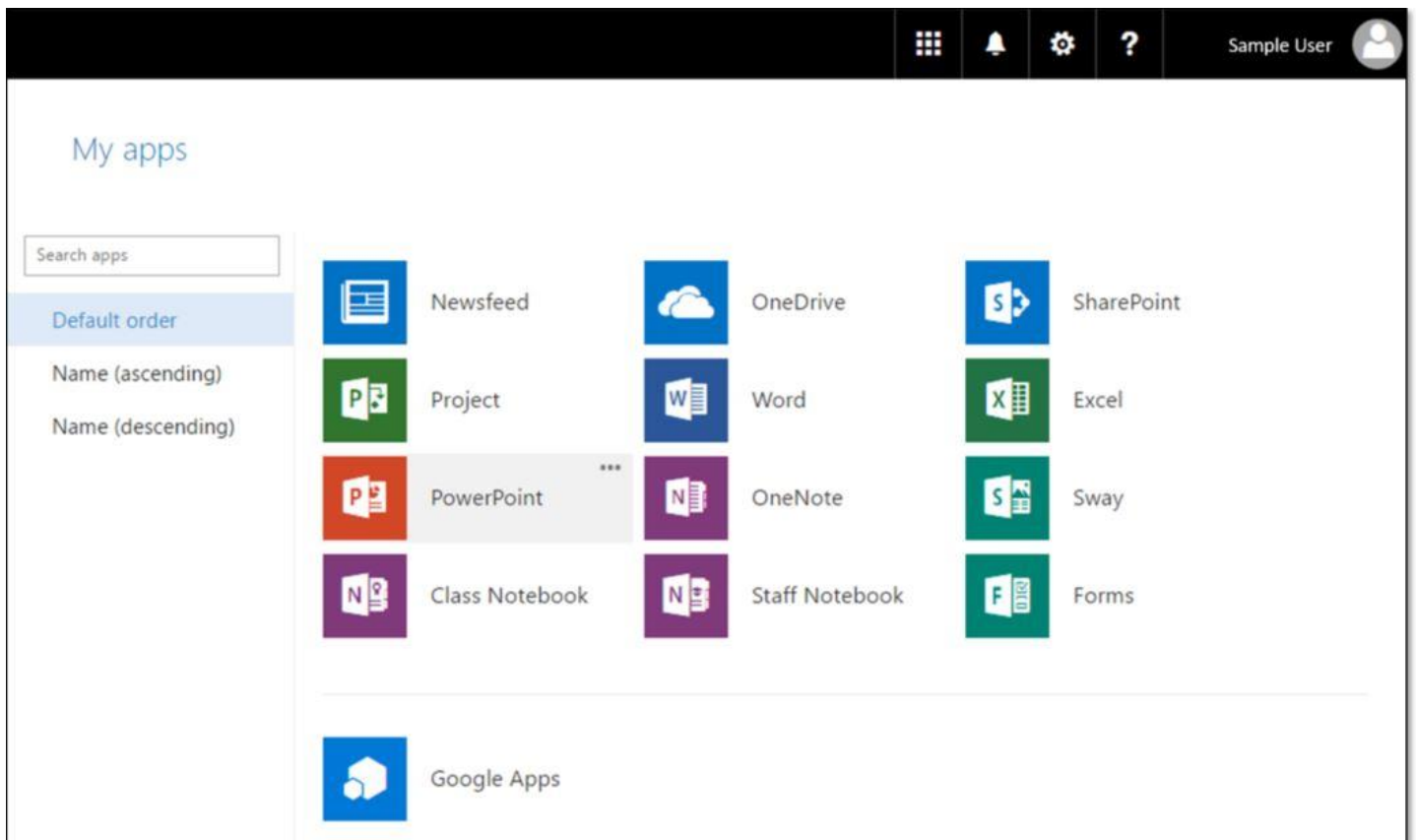
- I want to receive email notifications for new fees assigned to my student and updates on school-related activities.

For more information contact Parent Helpdesk at  
[parenthelp@schoolcashonline.com](mailto:parenthelp@schoolcashonline.com) or 1.866.961.1803

## What is Office 365

**Office 365 Education** is a collection of services that allows you to collaborate and share your schoolwork. It's available for free to teachers who are currently working at an academic institution and to students\* who are currently attending an academic institution. The service includes Office Online, and OneDrive online file storage. This service also allows teachers and students to install the full Office applications on up to **5 PCs, Macs or other devices for free.**

\*Students **MUST** have parent permission granted for Office 365 via school policies on the following form to use this service.



Dear Parent/Guardian:

École Mission Senior Secondary School is going to be upgrading the Microsoft Office to Office 365. Students will be provided with personal user accounts to create and manage their school assignments.

As a school district, we are subject to the *BC Freedom of Information and Protection of Privacy Act*. This requires the school district to ensure families provide consent for educational digital resources. This is in accordance with s.26(c) of the *Freedom of Information and Protection of Privacy Act* (FOIPPA). Students' creations will be archived as an educational project under the authority of s.27(1)(a)(i) of FOIPPA and only accessible to the student who created it. In accordance with this Act, we must at all times protect the privacy of students under our care.

Jim Pearce, Principal  
32939 Seventh Ave  
Mission, BC V2V 2C5

## Consent:

**Office 365** - I have read the above information from XXXXXX School and understand that when implementing a web-based service we will be creating personal, private accounts for students. I understand that the objective of *Office 365* is to enable opportunities to create and manage school assignments. Students who are not granted permission by their parents will not be penalized and alternative assignments will be provided.

I consent to my child using *Office 365*.

By signing this Agreement, I on my own behalf or, as applicable, on behalf of my child, understand and agree that:

- Student's work in *Office 365* may be accessed by the student's teachers, school based administrator and you as the invited parent.

This consent will be considered valid **from the date at which it is signed**. I also hereby acknowledge that I have read and understood the above information on *Office 365*.

\_\_\_\_\_  
**Print Name of student**

\_\_\_\_\_  
**Grade**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of parent or guardian\*:**

\_\_\_\_\_  
**Date**

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

**This form must be returned**, signed and dated, to the student's school so that an *Office 365* account can be created.



# Consent Form *All About Me*

Dear Parent/Guardian:

École Mission Senior Secondary is going to be using All About Me as a Career Education Resource. Students will be provided with personal user accounts for career education purposes.

As a school district, we are subject to the *BC Freedom of Information and Protection of Privacy Act*. This requires the school district to ensure families provide consent for educational digital resources. This is in accordance with s.26(c) of the *Freedom of Information and Protection of Privacy Act* (FOIPPA). Students' creations will be archived as an educational project under the authority of s.27(1)(a)(i) of FOIPPA and only accessible to the student who created it. In accordance with this Act, we must at all times protect the privacy of students under our care.

Jim Pearce  
Principal

## Consent:

**All About Me** - I have read the above information from École Mission Senior Secondary and understand that when implementing a web-based service we will be creating personal, private accounts for students. I understand that the objective of *All About Me* is to enable opportunities to explore career education. Students who are not granted permission by their parents will not be penalized and alternative assignments will be provided. I also recognize that I may be invited to view my child's work in All About Me and as a guest I will be respectful of not sharing classroom photos that may be posted by my child.

I consent to my child using *All About Me*.

By signing this Agreement, I on my own behalf or, as applicable, on behalf of my child, understand and agree that:

- Student's work in *All About Me* may be accessed by the student's teachers, school based administrator and you as the invited parent.

This consent will be considered valid **from the date at which it is signed**. I also hereby acknowledge that I have read and understood the above information on the Use of *All About Me*.

\_\_\_\_\_  
Print Name of student

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent or guardian\*:

\_\_\_\_\_  
Date

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

**This form must be returned**, signed and dated, to the student's school so that an All About Me account can be activated for the student named above.

# Network, Internet and Wi-Fi Access User Agreement Form for Students K – 12



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## Student Section

Student Name: \_\_\_\_\_ Div: \_\_\_\_\_

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

I have read the *Internet & Wi-Fi Access for All Users of the School District Computer Network* policy and regulations and I agree to follow the rules and regulations in the policy. I understand that if I violate the rules, my account can be terminated and I may face other disciplinary measures.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Parent or Guardian Section

Students under the age of 19 must also have the signature of a parent or guardian who has read this agreement.

As the parent or guardian of the above-named student, I have read the *Internet & Wi-Fi Access Agreement for All Users of the School District Computer Network Policy and Regulations* and agree to abide by the provisions therein. I understand that network services are intended for educational purposes.

In consideration of the privilege of using the MPSD.CA Network, I hereby release the district, its personnel and any institutions with which it is affiliated, from any and all claims and damages of any nature arising from my child's use of, or inability to use, the MPSD.CA Network, including, but not limited to claims that may arise from the unauthorized use of the system to purchase products or services.

I will instruct my child regarding any restrictions against accessing material that are in addition to the restrictions set forth in the District Student Acceptable Use Policy and Regulations. I will emphasize to my child the importance of following the rules for personal safety and understand that it is impossible for the School District No. 75 (Mission) to restrict access to all controversial materials, and I will not hold School District No. 75 (Mission) responsible for materials acquired via its networks.

I give permission for \_\_\_\_\_ (name of student) to access the SD75.MISSION Network and/or the Internet and/ or Wi-Fi and certify that the information contained in this form is correct.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**This form will be retained at the office of the enrolling school of the student.**



**Siwal Si'wes (Our forefathers' teachings)**  
Indigenous Education, School District 75 (Mission)

32444 7<sup>th</sup> Avenue Mission, B.C. V2V 2B5  
(Tel) 604-826-3103 (Fax) 604-820-2850

**Parent/Caregiver Consultation Form**



**DATE (d/m/y):** \_\_\_\_\_ 2023 2024 (circle one)

**Signature of Indigenous Liaison Worker:** \_\_\_\_\_

**Name of Indigenous Liaison Worker (print):** \_\_\_\_\_

*To the Parents/Caregivers of children with Indigenous Ancestry (First Nations (Status/Non-Status), Métis and/or Inuit) in Mission Public School District 75,*

Siwal Si'wes Indigenous Department of SD75 offers academic and cultural support for students to participate in while attending Mission Public Schools. The programs are provided in accordance with the Ministry of Education Guidelines for Indigenous Education and in consultation with our Siwal Si'wes Indigenous Advisory Council.

The Siwal Si'wes Indigenous Department of SD75 provides the following types of supports for children and youth of Indigenous ancestry attending SD75 schools, and includes but is not limited to cultural, social-emotional, healthy living, attendance support and classroom (academic) supports.

These supports are provided through an Indigenous lens and can happen in the classroom, or in small groups or individually (one-on-one), depending on the needs of the child and vision of the school.

All schools are staffed with a Siwal Si'wes Indigenous Liaison Worker who is an active school team member. This person liaises and collaborates with school staff (including teachers, counselors, youth care workers and administrators), and parents and caregivers, all with the best interest of the child and/or youth at front and centre. With parent permissions, they liaise with local community service/outreach organizations many of whom who provide supports specifically for Indigenous children, youth, and families.

**Please complete this form and return it to your child's school. One completed form per family is necessary. Please list all children and their school on one form.**

Name of Child	School	Ancestry/Nation Affiliation

**TURN OVER (Page 2 on back)**

**My child(ren), has/have Indigenous Ancestry and my signature indicates that I have been consulted regarding the Siwal Si'wes Indigenous Program of SD75.**

1. Print Name : \_\_\_\_\_

2. Parent/Caregiver Signature: \_\_\_\_\_

3. Date (d/m/y): \_\_\_\_\_

4. Consultation Type (Circle one).

- Consultation Form sent home
- In-Person Consultation at school

### **For Indigenous Liaison Workers Only**

**Consultation by email/messaging:** \_\_\_\_\_ (*email address*)

Date (d/m/y): \_\_\_\_\_

- see attached electronic messaging confirmation

**Consultation by phone:** \_\_\_\_\_ (*phone number*)

Date (d/m/y): \_\_\_\_\_

As per \_\_\_\_\_ (*print name of parent/caregiver*)

**Additional Information (*attach documentation*)**

Date (d/m/y): \_\_\_\_\_

- Notes (indicate if the family has declined service)

# Consent Form *My Blueprint*

Dear Parent/Guardian:

École Mission Secondary School is going to be using *My Blueprint* as a Career Education Resource. Students will be provided with personal user accounts for career education purposes.

As a school district, we are subject to the *BC Freedom of Information and Protection of Privacy Act*. This requires the school district to ensure families provide consent for educational digital resources. This is in accordance with s.26(c) of the *Freedom of Information and Protection of Privacy Act* (FOIPPA). Students' creations will be archived as an educational project under the authority of s.27(1)(a)(i) of FOIPPA and only accessible to the student who created it. In accordance with this Act, we must at all times protect the privacy of students under our care.

Jim Pearce, Principal  
32939 Seventh Ave  
Mission, BC V2V 2C5

## Consent:

**My Blueprint** - I have read the above information from Mission Secondary School and understand that when implementing a web-based service we will be creating personal, private accounts for students. I understand that the objective of *My Blueprint* is to enable opportunities to explore career education. Students who are not granted permission by their parents will not be penalized and alternative assignments will be provided. I also recognize that I may be invited to view my child's work in *My Blueprint* and as a guest I will be respectful of not sharing classroom photos that may be posted by my child.

I consent to my child using *My Blueprint*.

By signing this Agreement, I on my own behalf or, as applicable, on behalf of my child, understand and agree that:

- Student's work in *My Blueprint* may be accessed by the student's teachers, school based administrator and you as the invited parent.

I also hereby acknowledge that I have read and understood the above information on the Use of *My Blueprint*. This consent will be considered valid **from the date at which it is signed**.

\_\_\_\_\_  
Print Name of student

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent or guardian\*:

\_\_\_\_\_  
Date

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

**This form must be returned**, signed and dated, to the student's school so that a *My Blueprint* account can be activated for the student named above.

# Photograph, Video, and Media Consent Form



File No. 1025.15

School Districts must comply with the *Freedom of Information and Protection of Privacy Act* which sets out the privacy rights of individuals and provides regulations on protecting personal information for the public sector.

Mission Public Schools must have consent to collect, use, and publicly release photographs, videos, and audio of students.

## Please complete the information below and return this form to your school.

Student names or images may be shared for the following purposes:

1. School yearbooks

**YES**, I consent for the release of my child's personal information for the prescribed purpose outlined above.

**NO**, I do not consent for the release of my child's personal information for the prescribed purpose outlined above.

2. School and / or school district website, newsletter, social media sites, or videotaping in the classroom and / or during special events for presentation purposes.

**YES**, I consent for the release of my child's personal information for the prescribed purpose outlined above.

**NO**, I do not consent for the release of my child's personal information for the prescribed purpose outlined above.

<b>Student Name:</b>
<b>School:</b>
<b>Parent/ Guardian Name:</b>
<b>Parent/ Guardian Signature:</b>
<b>Date:</b>

**NOTE:** Mission Public Schools does not have control over public events at which individuals voluntarily appear or attend, and external media is present.

The information described above is collected in accordance with **Section 26 (c) (d) and (g)** of the *Freedom of Information and Protection of Privacy Act*. Mission Public Schools must seek consent to disclose personal information for the examples listed above. Questions and concerns should be directed to the School Principal or the District Privacy Coordinator.

This form was last revised: **September 11, 2020**

**Mission Public Schools Privacy Officer:** Angus Wilson and Corien Becker  
**Mission Public Schools Privacy Coordinator:** Aleksandra Crescenzo  
**Email:** info.sd75@mpsd.ca