

**LIMESTONE DISTRICT SCHOOL BOARD**  
**FREEDOM OF INFORMATION & CONSENT FORM FOR SECONDARY STUDENTS**

Over the course of the school year and as part of our mandate to educate students, the Limestone District School Board, under the authority of the *Education Act*, as amended, collects personal information about each student from both the student and his/her parent(s)/guardian(s). The Board is 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 & Protection of Privacy Act*.

As such, please review the following indicating your consent or not, to the release of personal information and/or the participation of your child in school activities/events and return to the completed form to the classroom teacher.

<b>STUDENT NAME:</b> _____	<b>DATE OF BIRTH:</b> _____	
<b>SCHOOL:</b> _____	<b>CLASS/GRADE:</b> _____	
<b>DO YOU CONSENT TO:</b>	<b>YES</b>	<b>NO</b>
1. The school's release of student 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: a. Schools b. Board public displays and publications such as newsletters, yearbooks, and school/Board websites	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
3. Your child's name and telephone number being included in the school's telephone calling system for emergency situations?	<input type="checkbox"/>	<input type="checkbox"/>
4. Your name and telephone number being given out for education-related purposes such as parent advisory committee coordination and activities?	<input type="checkbox"/>	<input type="checkbox"/>
5. Your child's name and home address being released as a secondary school graduate to the area's Member of Parliament (M.P.) or Member of the Legislative Assembly (M.L.A.)?	<input type="checkbox"/>	<input type="checkbox"/>
6. Your child's participation in teacher-supervised trips to local places of interest, such as libraries, museums and art galleries to support regular classroom programs?	<input type="checkbox"/>	<input type="checkbox"/>
7. Your child participating in intramural activities or clubs at the school during lunch that may involve some inherent risk, such as volleyball, soccer, floor hockey, chess club, art club, choir, etc.?	<input type="checkbox"/>	<input type="checkbox"/>
_____ Signature of Parent/Guardian <b>OR</b> Student Over the Age of 18	_____ Date	

**FOR STUDENTS 18 YEARS OF AGE OR OLDER.**

<b>DO YOU CONSENT TO:</b>	<b>YES</b>	<b>NO</b>
All of the items as listed on page 1 above?	<input type="checkbox"/>	<input type="checkbox"/>
The continued disclosure of <b>ALL</b> student-related personal information about you to your parents/guardians?	<input type="checkbox"/>	<input type="checkbox"/>
The disclosure of information <b>ONLY</b> contained in your <b>OSR (Ontario Student Record)</b> to your parents/guardians?	<input type="checkbox"/>	<input type="checkbox"/>
The disclosure of <b>PERSONAL</b> information other than that found in your OSR to your parents/guardians?	<input type="checkbox"/>	<input type="checkbox"/>
_____		
Signature of Student Over the Age of 18	_____	
	Date	
<b>Please note that if at any time you wish to remove consent for any of the above, please contact the Principal.</b>		