

AP 324-1 –Photograph/Video and Media Consent Form

In accordance with the BC [Freedom of Information and Protection of Privacy Act](#), the Abbotsford School District is seeking your consent to collect, retain, use and disclose photographs, videos, images, audio, and/or names of students in a variety of publications and on the School District's website(s) for education related purposes, such as recognizing and encouraging student achievement, and for the purposes of building the school community and informing others about the school district, its programs and activities.

For example, student names and/or images may be used in:

- School and School District communications, such as newsletters, brochures and reports;
- School yearbooks
- School and School District websites and social media networks;
- District media communications and advertisements such as newspaper or television or online, including photographs, video including background video or interviews;
- External media communications such as newspaper or television or online, including photographs, video and/or interviews (restricted to events where media is invited to school-related events);**
- Videos, CDs and DVDs designed primarily for educational use.

** Please note that school and district staff cannot control news media access and photos/videos taken by the media or by others in public locations (e.g. field trips or off school grounds) or school events open to the public, such as sports events, student performances, school board meetings, etc. These are considered public events.

Please complete and return to your school:

_____ **I DO GIVE MY CONSENT** for the School District to collect, use and publicly disclose my child's name, voice and/or image for purposes consistent with the above. I understand that images posted on the internet may be stored and accessed outside of Canada.

_____ **I DO NOT GIVE MY CONSENT** for the School District to collect, use and publicly disclose my child's name, voice and/or image for purposes consistent with the above.

Select only one of the following:

- ☐ This consent will be considered valid from the date on which it is signed until completion of grade 5
- ☐ This consent will be considered valid from the date on which it is signed until completion of grade 8
- ☐ This consent will be considered valid from the date on which it is signed until completion of grade 12

Student's Name: LAST _____ FIRST _____
(please print)

Student signature (for Secondary school students only) _____

Parent/Guardian Name: LAST _____ FIRST _____
(please print)

Parent/Guardian Signature _____

Parent/Guardian Phone # _____ Date _____

School _____

Freedom of Information and Protection of Privacy Contact:
privacy@abbyschools.ca