



INFORMED CONSENT – STUDENTS

Students Over the Age of 18 Years and Adult Education Students

Please complete and return this form to the school as soon as possible. This information will be kept on file for reference throughout the school year.

Student Name (print) _____ Date of Birth _____

School _____ Grade _____

1. Publish or Display Student Work

_____ I CONSENT to Frontier School Division publishing or showing my photograph, name, grade, school and samples of my work in various publications or at Division organized or sponsored events. I understand that photographs posted to the school or Frontier School Division website will not identify me by name.

_____ I DO NOT CONSENT to Frontier School Division publishing or showing my photograph, name, grade, school and samples of my work in various publications or at Division organized or sponsored events.

2. Media

_____ I CONSENT to being photographed, videotaped or interviewed by the media.

_____ I DO NOT CONSENT to being photographed, videotaped or interviewed by the media.

Student Signature _____ Date _____

Please note:

1. Should circumstances change during the school year, you may change your consent at any time by contacting the school Principal in writing.
2. This personal information is being collected under the authority of *The Public Schools Act* for school related purposes. It is protected by *The Freedom of Information and Protection of Privacy Act*.

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| Adopted September 1, 2009 | | |
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