



SCHOOL DISTRICT NO. 73

Notice to Parents and Students: Outside Media in Schools Secondary Schools

For School Year: 2024-2025

Student's Name: _____
(Please print) Last name First name

School: Logan Lake Elem/Sec School

Media (including radio, television, newspapers, and other print and online media) are sometimes permitted or invited to come to the school or to school activities and allowed to take photos, video or conduct interviews with students, for the purpose of promoting public understanding of school programs, building public support for public education, and encouraging student achievement.

If you do not want your child to be involved in such activities, you need to:

- Tell your child to avoid these situations;
- Inform your child's teacher of your wishes.

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

- I acknowledge the receipt of this Notice and have no objections.
- I acknowledge the receipt of this Notice and **do not** want my child's image/name being published by outside media. I have told my child's teacher of my wishes. I request that the school district and its staff take all reasonable steps to avoid having my child's image or name collected or published by outside media when they are present in school or at school activities at the invitation of the school or school district. **I consent** to disclosure by the school district or its staff of the personal information that is necessary to give effect to this request. **I may** choose to override this Notice by giving my consent in a specific circumstance. This request applies during the current school year unless I expressly revoke it.

Date: _____

Parent's Name: _____
(Please print) Last name First name

Parent/Guardian* Signature: _____

Parent/Guardian Contact Information (for contacts related to this notice)

Telephone Number: _____ Email: _____

Student: I am aware of my parent's wishes as expressed above. I understand that I am primarily responsible for the protection of my own privacy at school and at school activities and will take appropriate steps to do so.

Student Signature: _____

If you have questions about this notice or about the collection of student personal information, you may contact the school principal or the Superintendent's Office.

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