



50 Ponderosa Avenue Box 280
Logan Lake BC V0K 1W0

Phone (250) 523-9441
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OFF SCHOOL GROUNDS PERMISSION FORM 2020-2021

Periodically, throughout the school year, we will be leaving the school grounds to do activities such as a class run around the lake, the Terry Fox Run, Community Clean up, Flag Day, curling/skating at the Rec Centre, etc. We will keep you informed of these activities by way of newsletters, student agendas and/or our automated system.

In order for us to take your child off the school ground, we need a signed permission form.

Thank you for your cooperation. When necessary, parents may be required for additional supervision. Classroom teachers will seek volunteers when required.

Please sign and return as soon as possible.

Community Permission Slip

I have read about the proposed off school activities in Logan Lake planned during this school year 2020-2021. I give my child _____ permission to participate in the class or school activities planned by the teacher or administration of Logan Lake Elementary/Secondary Schools. I understand that all due care and attention will be taken to ensure the safety of my child.

Parent/Guardian Signature

Date



SCHOOL DISTRICT NO. 73

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

For School Year **2020–2021**

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.*



SCHOOL DISTRICT NO. 73 (KAMLOOPS/THOMPSON)
Personal Information Consent
SECONDARY SCHOOLS

For School Year: **2020–2021**

For parents and high school students: Please complete, sign, and return to your school.*

Student's Name: (Last) _____ (First) _____
(please print)

School: _____ Logan Lake Elem-Sec School

Collection, use, and sharing of student personal information

Schools and Districts are authorized to collect, use, and share student personal information that is directly related to and necessary for their educational functions. For other school or education-related purposes, parental or student consent is required.

The Board of Education of School District No. 73 (Kamloops/Thompson) is seeking your consent to collect, keep, use and share photographs, videos, images, and/or names of students in a variety of publications and on the school or District's website(s) for education related purposes, such as recognizing and encouraging student achievement, building the school community, and informing others about school and District programs and activities.

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

- school and District communications, such as newsletters, brochures, and reports in limited or public circulation;
- school and District websites, social media sites (e.g. Facebook), and online video (e.g. YouTube), with limited or public access;
- videos, CDs, and DVDs designed for educational use only.

Please check A OR B (not both)

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

This consent may be withdrawn at any time in writing but withdrawal of consent does not require the school or District to take any steps to withdraw from publication any previously published material. Unless withdrawn, this consent is effective immediately and lasts until September 30 of the next school year.

B. _____ **I DO NOT CONSENT** to the use and disclosure of my child's name and/or image for the above purposes for this school year.

Date: _____

Parent's Name: (Last) _____ (First) _____
(please print)

Parent/Guardian* Signature: _____

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

Telephone No.: _____ Email: _____

For Students:

I consent to the school and District collecting, keeping, using, and sharing my image and name for educational purposes such as recognizing and encouraging student achievement, building school community, and informing others about the school and District, its programs, and activities.

Student Signature: _____

**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.*

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