

PARENT(S)/GUARDIAN(S) WITH WHOM THE CHILD DOES NOT RESIDE

Priority #3 Relationship: _____ First Name: _____ Last Name: _____
 Unit #: _____ House # and Street Name: _____ City: _____ Prov.: _____
 Postal Code: _____ Home Phone: _____ Cell: _____ Work Phone: _____
 Email: _____

CAREGIVERS WHO MAY ATTEND WITH THE CHILD: (OTHER THAN PARENT/GUARDIANS NOTED ABOVE)

Priority #10 Relationship: _____ Priority #11 Relationship: _____
 First Name: _____ First Name: _____
 Last Name: _____ Last Name: _____
 Home Phone: _____ Cell: _____ Home Phone: _____ Cell: _____

STUDENT INFORMATION RELEASE:

In accordance with the *Freedom of Information and Protection of Privacy Act*, Delta School District requires consent to use students' personal information unrelated to education purposes.

While photographs and videos add to the community life of the school, they are not always required for educational purposes. As such, the School district requests your permission to use photographs and/or videotapes of your child participating in StrongStart and school activities. These photographs and/or videos will be taken during activities organized by the school during the school year. Photographs and videos are used at the school and may also be used for publishing, advertising, art, trade or any other lawful purpose to promote or document the work of our schools and StrongStart centres. They may be used in flyers, posters, web pages or other print or online formats.

- YES, I give my consent for the use of photographs/videotapes of my child and information that identifies my child for the purposes described above, including publication on the school or District website. I also understand that from time to time, activities may also be photographed or videotapes by the media. I hereby waive any right to approve these images or any test that may be used with them, or to approve the use to which they may be applied.
- NO, I do not consent to the publication of photographs/videotapes of my child or info that identifies my child for the purposes described above.

Please note that consent can be removed at any time by contacting the school.

PARENT / GUARDIAN SIGNATURE

EMAIL COMMUNICATION

The Delta School District would like to contact StrongStart parents/caregivers by email. Examples of such messages include reminders about scheduled StrongStart closures, special events, field trips, and notices about unplanned closures. We may also use email to contact you directly ie. To follow up about something that happened in the centre. We will not use your email address for any other purpose and will not share your email address.

If you wish to receive email communications from us, please identify your consent below. For each child you may provide up to 4 email addresses to contact. NOTE: the account holder's signature is required for each email address.

Email Address	First Name	Last Name	Relationship to Child	Signature

VERIFICATION – LEGAL PARENT / GUARDIAN

I certify that the information on this form is correct.

 Parent / Guardian Name (Please print)

 Date:

 Parent/Guardian Signature

The information on this form is collected under the authority of the School Act. Information is used by the District for Ministry of Education reporting; demographic, enrolment, budget facility and operational analyses. It will be kept secure and confidential in accordance with the Freedom of Information and Protection of Privacy Act.