

MEDIA CONSENT FORM

SCHOOL: _____

SCHOOL YEAR: 2011-2012

To: Parent(s)/Guardian(s)/Adult Student:

On _____, representatives from _____ may be in attendance at our school
(Date) (Name of Media Organization)

to film/photograph/videotape or make an audio or digital recording of our students. The purpose, use and disclosure of this collection of personal information is to: *(be as specific as possible)*

Please be advised that all or portions of the work referred to above will become part of the media organization's database and may be adapted for other educational or non-educational applications, productions, broadcast, re-broadcast, published, exhibited, reproduced, and/or distributed in various media formats to a number of markets.

Schools cooperate with the media and other organizations, within reason, to encourage celebration of school achievements and the sharing of information about students and student work. However, we recognize that there are instances where a parent/guardian/yourself may not wish their child/children/themselves recorded.

To: The Dufferin-Peel Catholic District School Board

I HAVE READ AND UNDERSTAND THE INFORMATION PROVIDED ON THIS FORM. I VOLUNTARILY GIVE THE DUFFERIN-PEEL CATHOLIC DISTRICT SCHOOL BOARD CONSENT TO INCLUDE MY CHILD OR ME IN THE MEDIA COVERAGE AND ITS SUBSEQUENT USE DISCLOSURE AS DESCRIBED ABOVE.

I further understand that this consent is valid for the current school year and may be withdrawn by me at any time, upon written notice.

This Consent form meets the requirements of the *Municipal Freedom of Information and Protection of Privacy Act* and the *Education Act* for the disclosure of personal information.

Name of Student (Please Print)

School

Name of Parent/Guardian

Signature of Parent/Guardian

Name of Adult Student (18 Yrs and Older)

Signature of Adult Student (18 Yrs and Older)

Date



Dufferin-Peel Catholic District School Board

GF 009

40 Matheson Boulevard West, Mississauga, Ontario L5R 1C5 • Tel: (905) 890-1221 • Fax: (905) 890-7610

STUDENT EMERGENCY AND EARLY DISMISSAL CONSENT FORM

Elementary

School Name School Year

PARENT/GUARDIAN INFORMATION

Family Name

Mother/Guardian Father/Guardian

Name

Address.....

Phone No. (Res.) area code ()

Phone No. (Bus.) area code ()

Other Languages (If English not understood).....

STUDENT INFORMATION

	Name of Child(ren)	Birth Date	Grade/Class	Health Card No.
1.
2.
3.
4.

CONTACT CONSENT AND INFORMATION

If my child(ren) who arrives by bus or walking must be sent home due to inclement weather or any other approved reason and if I cannot be reached by telephone, I authorize the principal or designate to direct the child(ren) to the residence of the following contact (upon contacting him/her to confirm that he/she is at the residence) :

Contact Name

Surname

First Name

Relationship

Phone No. area code ()

Address

SIGNATURE

Signature of Parent/Guardian

Date

MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT, 1989: Personal information on this form is collected under the legal authority of the Education Act, R.S.O. 1980, c.129 and Health Card and Numbers Control Act, 1991. This information will be used for the purposes of: administering early dismissal procedures for students and contacting parent/guardians and designated individuals in cases of emergency. Questions regarding the collection of personal information should be directed to: Freedom of Information and Privacy Office, The Dufferin-Peel R C S.S. Board, 40 Matheson Blvd. West, Mississauga, Ontario L5R 1C5. Telephone: (416) 890-1221/1-800-387-9501. 92/02



HOLY FAMILY SCHOOL

61 Allan Drive, Bolton, ON, L7E 1P7 Tel. (905) 857-1300 Fax (905) 857-9432



"We believe that each individual is a unique gift of life from God, and we believe in the innate spiritual goodness of all people."

Walking Excursion Permission Form 2011 – 2012

Student's Name: _____

Teacher: _____

Grade: _____

I understand that at various times throughout the year, teachers extend and supervise the learning experience of students through mini excursions in the school community. I give my child permission to participate in these walking excursions, which include trips to local sites such as the parish church, local library, alternate school sites and extra curricular activities which do not require vehicular transportation.

Parent/Guardian Signature

Date

PRINCIPAL: C. Howard



LUNCH PERMISSION FORM 2011-2012

Please fill in the top portion of this form and then fill in either SECTION A or SECTION B, then SIGN and DATE the form. Thank you.

STUDENT: _____ GRADE: _____

ROOM NO.: _____

TEACHER: _____

SECTION A

My son/daughter _____ has permission to come home or leave school property for the lunch period.

Parent/Guardian Name (Please print) Parent/Guardian Signature

Date: _____

SECTION B

My son/daughter _____ is to remain at school for the lunch period.

Parent/Guardian Name (Please print) Parent/Guardian Signature

Date: _____

I understand that if from time to time I want my son/daughter to come home or to go out for lunch, he/she will need a written note signed and dated and given to their classroom teacher.

PLEASE NOTE: THESE FORMS WILL BE KEPT ON FILE BY THE CLASSROOM TEACHER FOR THE 2011-2012 SCHOOL YEAR.