



ALGONQUIN AND LAKESHORE CATHOLIC DISTRICT SCHOOL BOARD
FREEDOM OF INFORMATION CONSENT FORM

School Year:

STUDENT NAME: _____	Class/Grade: _____
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We are very proud of our students and their achievements. However, for us to release personal information about student achievement and for other administrative purposes, your consent is required to comply with the provisions of the *Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c.M.56*.

Please review and check off the appropriate responses and return this form to the school.

DO YOU CONSENT TO:	YES	NO
1. The school's release of your child's* work identified by name, such as photographs, artwork, writing or other school work, to the media to report on or publicize school events involving your child?	<input type="checkbox"/>	<input type="checkbox"/>
2. Your child's name, photograph, digital image, school work and activities being copied, used or displayed in: a) Schools; b) School/Board public displays and publications such as newsletters, websites; c) Yearbook; d) All other digital and social media platforms used for educational purpose which include, but are not limited to, Facebook, Instagram and Twitter? e) Authorized or approved Board community partners (<i>example: Food for Learning/Food Sharing</i>)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3. The Algonquin and Lakeshore Catholic District School Board works in conjunction with parishes in the preparation of eligible students for the reception of sacraments. Your child's name, address and telephone number may be released to the local parish for the purpose of preparation for the sacraments?	<input type="checkbox"/>	<input type="checkbox"/>
4. Your name(s) and telephone number(s) being included in the school's telephone calling system for school information, including fundraising activities? (for CASL requirements only – does not apply to calls related to safety or attendance)	<input type="checkbox"/>	<input type="checkbox"/>
5. Your name and telephone number being given out for education-related purposes (Catholic School Council coordination and activities)?	<input type="checkbox"/>	<input type="checkbox"/>
6. Your child's name and home address being released as an elementary or secondary school graduate to the area's Member of Parliament (M.P.) or Member of Provincial Parliament (M.P.P.)? (Grade 8 and Grade 12 only)	<input type="checkbox"/>	<input type="checkbox"/>
7. Permission for your child to participate in neighbourhood excursions within walking distance of the school during the day.	<input type="checkbox"/>	<input type="checkbox"/>

8. Virtual learning (if required **), including:
- Video and/or audio communication
 - Video and/or audio instructions for courses and assignments
 - Shared online and digital platforms (D2L) for classroom learning
 - Live streaming through Microsoft Office TEAMS

Date

Signature of Parent/Guardian

**(if student is over 18, "your child" becomes "your" or "you")*

Signature of Student (18 years or older)

*** At times, the Algonquin and Lakeshore Catholic District School Board may be legislated or ordered to provide virtual and in-person options to students. These options will allow students continued access to Catholic education through the D2L or O365 platforms if students are required to isolate as ordered by local Public Health Authorities or other government legislation*

NOTE: If at any time you wish to remove consent for any of the above, please contact the Principal.