



PERSONAL INFORMATION PROTECTION ACT PARENTAL CONSENT FORM

Safeguarding your confidentiality and protecting your personal information is a fundamental concern of Our Lady of Mercy School. The school is committed to meeting or exceeding the privacy standards established by the BC Personal Information Protection Act (PIPA). For more information, please see the CISVA Personal Information Privacy Policy on our website: www.ourladyofmercy.ca.

To comply with this Act, all parents are required to sign the following Parental Consent Form upon registration/re-registration.

Parent's Name: _____
(Print First and Last)

Name of Child(ren): (1) _____ Grade: ____, (2) _____ Grade: ____
(Print First and Last) (Print First and Last)

(3) _____ Grade: ____, (4) _____ Grade: ____
(Print First and Last) (Print First and Last)

1. I do give my consent to having Our Lady of Mercy School collect personal information that may include student identification information, birth certificate, legal guardianship, court order, if applicable, parents' work numbers and e-mail addresses, behavioural, academic and health information, most recent report card, emergency contact name and number, Health Care number, and any similar information needed for registration. I understand that OLM Staff will have access to some of his information as it pertains to my child(ren).

This information is required in order to register your child at this school and assist the school in making an informed decision as to your child's suitability and appropriate placement in the school. It will also allow the school to respond immediately to an emergency. For more information, the privacy officer for Our Lady of Mercy School is the Principal and may be reached at the school.

Signature: _____ Date: _____

2. **Picture, and Print Release Authorization:** I do give my consent to having photographs and work samples of my child(ren) used by Our Lady of Mercy School in the school website, the Year/Memory book, and social media.

Signature: _____ Date: _____

3. I do give my consent to having the school prepare a Family Contact list with my home phone number and e-mail only, **for other parents** to use to contact one another for either official or unofficial school business. Requests are granted on a case to case basis at the principal's discretion.

Signature: _____ Date: _____

I acknowledge that I have read the Personal Information Privacy Policy for Parents and Students.

Signature: _____ Date: _____

Our Lady of Mercy School acknowledges that there will be no disclosure of personal information to unauthorized personnel or third parties who are not directly involved in school management or the care, supervision and instruction of your child(ren) at this school, unless written authorization from a parent or legal guardian is provided to the school. The school will securely store all electronic and hard copy of parent and student personal information.