

ANGLOPHONE NORTH SCHOOL DISTRICT

78 Henderson Street • Miramichi, New Brunswick E1N 2R7 Telephone: (506) 778-6075 • Fax: (506) 778-6090 • www.asd-n.nbed.nb.ca

> Media Coverage – Parent Permission Anglophone North School District 2016-2017 School Year

North & South Esk Regional

Dear Parents / Guardians,

In compliance with the <u>Right to Information and the Protection of Privacy Act (RTIPPA)</u> schools must obtain consent when publishing or disclosing any personal information with the public. You have the option, as parents/guardians, of not granting permission for the school to share this information about your son/daughter if you so desire. The school administration and/or district staff first approves any media coverage that occurs.

Information shared:	Provided to:	Reason:
Name of student and grade level	School photographer	School pictures/Yearbook
Photo and name of recipient of medals,	Local newspaper	For publication
awards, prizes, bursaries, scholarships,		
certificates and honours recognitions		
(graduation)		
Grad photo and name	School photographer	Graduation composite
		/Yearbook
List of graduates	Local MLA/MP	Personalized
		congratulatory letters
Science/Heritage Fair Winners	District and School	For publication
	Website	
Team photos (soccer, basketball, etc.)	Local newspaper, district	For publication
	website	
Music/Theatre production programs	Local newspaper, district	For publication
	and school website	
Award Ceremonies photo/video	Local newspaper	For publication
Student work (artwork, projects, etc.)	District and school	For publication
	website	

We will do all we can to preserve the integrity and the tradition of the graduation ceremony and related events all the while maintaining your rights under *RTIPPA*. After discussing this with your child, please return this consent form to his/her homeroom teacher by **September 16, 2016**.

Parent/Guardian Consent:		
I do hereby give consent t	to sharing specific personal information as indicated above.	
I do NOT give consent to	sharing any of the above information.	÷
Student's Name:	Parent's Signature:	
Dated this day of	(Month) 2016 Student's homeroom:	
	Revision	uveau