



FREEDOM OF INFORMATION CONSENT FORM

1. I consent to having West Coast Adventist School collect personal information that may include student identification information, birth certificate, legal guardianship, court orders if applicable, parents' work numbers and email address, behavioral, academic and health information, most recent report card, emergency contact name and number, doctor's name and number, health insurance number and any similar information needed for registration.

I further consent to the use and disclosure of information contained in this form and other wise collected by or on behalf of West Coast Adventist School (1) for the purpose of establishing, maintaining, and terminating the student's or parent's relationship with West Coast Adventist School (2) for additional purposes identified when or before personal information is collected, and (3) as otherwise provided in the BC Conference and West Coast Adventist School Personal Information Privacy Policy, a copy of which is available on request. I also consent to the collection, use and disclosure of such personal information that may be stored on servers outside British Columbia, by and to agents, contractors and service providers of West Coast Adventist School.

This information is required in order to register your child at this school and assist the school authority 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 West Coast Adventist School is the Principal, Mrs. Melanie Kartik, and she may be reached at 1.877.853.5053.

Parent's Signature _____ Date _____

2. I consent to having photographs and work samples of my child(ren) used by West Coast Adventist School in the yearbook, newsletters and other promotional material for the school or the BC Conference Office of Education.

Parent's Signature _____ Date _____

3. West Coast Adventist 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 digital and hard copy parent and student personal information.

Parent's Signature _____ Date _____