

## Christian Life School Request for Consent of Personal Information

- 1) I consent to having Christian Life School collect personal information that may include student identification information, birth certificate, legal guardianship, court orders if applicable, parents' work numbers and e-mail address, behavioural, 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 otherwise collected by or on behalf of Christian Life School (1) for the purpose of establishing, maintaining, and concluding the student's or parent's relationship with Christian Life School, (2) prior to additional personal information being collected Christian Life School will specify its purpose, and (3) as otherwise provided in Christian Life School's *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 by and to agents, contractors and service providers of Christian Life 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 Christian Life School is Principal Garry Jones and may be reached at 250-785-1437.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- 2) I consent to having photographs and work samples of my child(ren) used by Christian Life School in the yearbook, CLS website, newsletters and other promotional material.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- 3) Christian Life School may prepare a phone list for the purposes of developing a phone tree in the event of an emergency in accordance with our Emergency Response Planning. I consent to my phone number and address being included in the phone tree.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- 4) I consent to having my e-mail given to the CLS PAT (parent advisory team) for the purpose of establishing a parent volunteer communication network.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_