

STUDENT INFORMATION RELEASE FORM

I give my consent to the Toronto Catholic District School Board to use the following information for promotion of TCDSB students, staff, programs, schools or the Board as a whole, through TCDSB publications (including brochures and advertising), Board and school newsletters, the Board's website and the outside (print or electronic) media.

(Please check the appropriate boxes):

For those 18 years of age or older:

To be completed by parent or guardian for those under 18 years of

age:

- | | |
|---|---|
| <input type="checkbox"/> My photograph | <input type="checkbox"/> My child's photograph |
| <input type="checkbox"/> My name | <input type="checkbox"/> My child's name |
| <input type="checkbox"/> My age | <input type="checkbox"/> My child's age |
| <input type="checkbox"/> The name of my school | <input type="checkbox"/> The name of my child's school |
| <input type="checkbox"/> My grade level | <input type="checkbox"/> My child's grade level |
| <input type="checkbox"/> My work (art or written) | <input type="checkbox"/> My child's work (art or written) |

Student's name

Name of parent/guardian

Student's signature

Signature of parent/guardian

Date

Date

This personal information is collected under the authority of the Education Act. Any questions concerning this form should be directed to the school principal.



80 Sheppard Avenue East, North York, Ontario M2N 6E8 416-222-8282 www.tcdsb.org