



Abbotsford Christian School

PERSONAL INFORMATION PARENTAL CONSENT FORM

FAMILY NAME: _____

In compliance with the Personal Information Privacy Act, Abbotsford Christian School (ACS), requires the consent of parent(s) or guardian to collect, store and utilize personal information. Please carefully read the information below and return this form to the ACS Administration Office.

1. I consent to having Abbotsford Christian School (ACS) 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, report cards, 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 ACS (1) for the purpose of establishing, maintaining, and terminating the student's or parent's relationship with ACS, (2) for additional purposes identified when or before personal information is collected, and (3) as otherwise provided in ACS'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 ACS.

Signature: _____ Date: _____

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 ACS is Julius Siebenga and may be reached at 604-755-8103.

ACS 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.

2. I consent to having photographs and work samples of my child(ren) used by ACS in the yearbook, newsletters and other promotional material.

Signature: _____ Date: _____

3. ACS prepares an annual phone directory that includes information on ACS board, families, busses, classes etc. **Your signature below gives ACS permission to print your phone number and address in our phone directory.**

Signature: _____ Date: _____

Your signature below gives ACS permission to print your EMAIL address in our phone directory.

Signature: _____ Date: _____