

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 2019-2020 School Year

| School Name | |
|-------------|--|

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, photo and name of recipient of medals, awards, prizes, bursaries, scholarships, certificates and honours recognitions (graduation), school events, team photos (soccer, basketball, etc.), music/theatre production programs, grad photo and name | School photographer, local media, school and/or district website, social media | For publication, school pictures, student ID card, yearbook, graduation composite |
| Photo, video or comments of student, interview with student | Media, school and/or district website, social media | For media-initiated requests, to publicize events or activities. School administration and/or district staff approve all media coverage. Student interviews will occur only in the presence of a staff member |
| Photo, video or comments of student, interview with student | Media, ASD-N website and/or social media | ASD-N may use student images, video or audio when school activities are celebrated and featured |
| List of graduates | Local MLA/MP | Personalized congratulatory letters |

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 13, 2019**.

| Parent/Guardian Consent: | | |
|--------------------------|---|-----------|
| l do hereby give conser | nt to sharing specific personal information as indicated above. | |
| l do NOT give consent t | to sharing any of the above information. | |
| Student's Name: | Parent's Signature: | |
| Dated this day of | (Month) 2019 Student's homeroom: | Brunswick |
| Ref#19164 | | Drunswick |