



# Comox Valley

CHRISTIAN SCHOOL

## CONSENT FOR PERSONAL INFORMATION COLLECTION

**PARENT/GUARDIAN NAME:** \_\_\_\_\_  
*Please Print*

1. I consent to having Comox Valley Christian School (CVCS) collect personal information that may include student identification information, birth certificate, legal guardianship, court orders if applicable, parents/guardians' work numbers and e-mail address, behavioural, academic and health information, recent report cards, emergency contact names and numbers, 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 CVCS:

- (1) for the purpose of establishing, maintaining, and terminating the student's or parent/guardian's relationship with CVCS,
- (2) for additional purposes identified when or before personal information is collected, and
- (3) I also consent to the collection, use and disclosure of such personal information by and to agents, contractors and service providers of CVCS.

*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.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

3. The school may prepare a family phone list (class list, volunteer list, etc.) or a family phone directory. If you DO NOT want your phone number and address included, please indicate: \_\_\_\_\_ No

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_