
HARRY COLLINGE HIGH SCHOOL

158 Sunwapta Drive
Hinton, Alberta T7V 1T7

Together We Learn . . . Together We Grow

Telephone (780) 865-3714
Fax (780) 865-5011

June 9, 2010

Dear Parents:

Federal government legislation called the Freedom of Information and Protection of Privacy (FOIPP for short) has been passed. This legislation requires all public agencies, including schools, to have permission to have and display personal information or images.

At the school we need to have personal information about our students including telephone numbers, addresses, emergency contact numbers, health information and academic information. We need the permission of the parent/guardian of a student to place photos in the yearbook and to display schoolwork or any personal information in public view.

Please sign the following waiver allowing us to display student work and specific personal information or images. If you have any questions about the new legislation or about the waiver form, please feel free to contact me at the school.

Thank you,



Travis Fehler
Principal

Grande Yellowhead Regional Division #35, 3656 First Avenue, Edson, Alberta T7E 1S8 • Telephone: 1-800-723-2564

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FOIPP – Permission Form

Date _____

I, _____, parent/guardian of _____,
Parent's/Guardian's Name – Please Print Student's Name – Please Print

do hereby give permission to **Harry Collinge High School** to ...

SECTION A: Display my child's:

- **name and achievements** for awards and scholarships
- **pictures** on the **GYRD Website, GYRD Calendar** and **internal Harry Collinge High School projects** that occur in the normal functions of the school year
- **art work or written work** throughout the school
- **personal projects** in school showcase

Signature of Parent/Guardian for Section A: _____

SECTION B: Release to the School Council or its designate, the home or work phone numbers of both parents/guardians, solely for the purpose of organizing activities for the school or in case of emergency closure of the school.

Signature of Parent/Guardian for Section B: _____

SECTION C: Release my child's name and my home or work phone number to the following agencies:

- _____ Aspen Regional Health Authority (Health Nurse, Speech Pathologist, Dental Hygienist)
- _____ Family School Liaison Worker at Harry Collinge High School

Signature of Parent/Guardian for Section C: _____

If you have any questions regarding this process, please contact the school.