



ANCHOR ACADEMY

Box 3015 Salmon Arm, B.C. V1E 4R8

Phone (250) 832-2754 Toll free 1 - 888 - 917 - 3783 Fax (250) 832-4379
website www.ark.net email anchor@ark.net

PARENTAL CONSENT

(for disclosure of parent and student personal information and publication of student personal information)

1. There are occasions when *Anchor Academy* personnel and other families request demographic information (name, address, phone, fax, email) of parents and children in the *Academy* for educational, social, or safety purposes. We need your consent to provide them with this information. We will not provide your personal information for business or commercial purposes to any outside group.

Yes, I give my consent for release of my home address and/or other contact information for purposes consistent with the above.

No, I do not permit the release of my home address and/or other contact information for purposes consistent with the above.

2. It is a tradition with *Anchor Academy* to allow *Anchor* staff, other parents, professional photographers, and the media to photograph individual students and groups of students to commemorate events, and to promote various educational, sports, and cultural events. Students' names, photographs, and comments may be published in the *Anchor Log*, in *Academy* yearbooks, on the school website, at curriculum fairs, or in the news media.

Yes, I give my consent for the publication of my child's name, photograph, and comments for the purposes consistent with the above.

No, I do not permit the publication of my child's name, photograph, and comments for the purposes consistent with the above.

PLEASE NOTE: AS LONG AS YOUR CHILD REMAINS AFFILIATED WITH ANCHOR ACADEMY, THIS CONSENT FORM WILL REMAIN IN EFFECT. IF YOUR SITUATION CHANGES AND YOU WISH TO RESCIND THIS CONSENT, PLEASE ADVISE THE ACADEMY.

Parent/Guardian name (please print) _____

Parent/Guardian signature _____ Date: _____

Student Name(s) (please print) _____