



### CONSENT TO SHARE STUDENT INFORMATION

I agree that the Good Spirit School Division may share the information of my child for the following purposes:

- 1. For education purposes in the school community
  
- 2. For the public media including the internet

I understand that this consent only needs to be signed once and will cover my child for as long as my child is a student in the Good Spirit School Division.

I also understand that if I wish to withdraw my consent I must contact the principal immediately.

\_\_\_\_\_  
Parent/Guardian Name (Print)

\_\_\_\_\_  
Student Name (Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Please return this signature page only to the school.**