

**Parkland Home Educators Association
Freedom of Information and Protection of Privacy Form
WEBSITE and NEWSLETTER**

By signing this document, I/we consent to the disclosure of personal information about

Names of parents: _____

Names of children: _____

for **posting**

- pictures (individual or group)**
- submitted art work**
- submitted writing projects**

to the Parkland Home Educators Association website www.phea.ca which can be viewed by anyone who accesses this website throughout the world.

Also for **posting**

- pictures (individual or group)**
- submitted artwork**
- submitted writing projects**

to the Parkland Home Educators Association Newsletter.

I hereby give permission for the Parkland Home Education Association to use this information for my child(ren) for all purposes as specified above.

I/we understand that this consent is valid for one year and may be withdrawn by me/us at any time, upon written notice. In the event that consent is withdrawn, I/we understand that the information about my/our child will be removed from the website or further publications of the newsletter.

Signature of Parent/Legal Guardian*

Date

**Only persons having lawful custody of the child(ren) may sign this consent form as parent or legal guardian. If both parents have lawful custody, one or both may sign.*