

Parent Advisory Councils (PAC) play a vital role in schools and local communities, encouraging parent involvement in schools and assisting parents/guardians in supporting their children as students and members of the school community. All parents/guardians in a school community are members of the PAC. PAC has a responsibility to keep member-parents/guardians informed of their activities and initiatives.

The Queen Mary PAC will be establishing an email list to be used for PAC purposes only. This will be done in accordance with the "NVPAC Communications Guidelines for PACs" developed by the North Vancouver PAC and School District Administration. Along with suggested procedures for setting up and managing the PAC email network, this document includes guidelines with respect to maintaining privacy, the frequency of communication, and ensuring that only appropriate school community content is distributed through these means.

This consent form is good for the current school year only and will be destroyed at the end of the school year. Your renewed consent

will be sought annually at the beginning of each school year. PAC volunteers will have access to this information. Your information will not be posted, shared or sold to third parties, and will not be published. If you have any concerns regarding accuracy, the use of, or the safe storage of the data, please contact the PAC Chair.

Communication

Emails will be used to keep parents/guardians up-to-date on classroom, school, PAC and NVPAC sponsored activities and on matters affecting our broader educational community. Your email address will NOT be published. If at any time you wish to opt out of receiving emails please reply to sender with your request.

Email Network:
 Yes, I would like to receive PAC emails.

Volunteering:
 Yes, I would like to volunteer with the school; please contact me when opportunities are available.

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| Parent/Guardian's Name: | Email Address: | Phone No.: |
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| Parent/Guardian's Name: | Email Address: | Phone No.: |
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| Student's First Name | Student's Last Name | Grade | Division | Teacher |
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By signing this document, I am confirming that all information in the document is correct.

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|---|------|
| <i>Parent/Guardian's Signature is required.</i> | Date |
|---|------|

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| <i>Parent/Guardian's Signature is required.</i> | Date |
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