Permission for School Council and Parents Association to Contact Parents/Guardians Directly

School Council School Name: ALTERNATIVE HIGH SCHOOL
School Year(s) Date: 2024-2025

The School Council and Parents Association are a structured group of parents, principals, teachers, secondary students and community representatives. The School Councils purpose is to advise the principal and the school board with respect to matters relating to the school. It is a means for parents and community members to work together with the school to support and enhance student learning.

The School Council contacts parents/guardians regarding information about:

- meetings, special events and other activities sponsored by the school council;
- obtaining opinions and comments about school matters to work with the principal; and
- sharing information on matters that affect public education

The Parents Association contacts parents/guardians regarding information about:

> meetings, special events and other activities sponsored by the Parents Association;
> sharing of information and seek input via newsletters and announcments; and
> seek volunteer support for casino and other fundraising opportunities.

The School Council and/or Parents Association must obtain consent to collect, use or disclose any personal information of members of the school community. The School Council and Parents Association must follow privacy rules from the *Personal Information Protection Act (PIPA)*, use the information only for the purpose it was collected and an individual may choose to take back his or her consent by informing the school council in writing.

To permit members of your School Council and Parents Association to be able to contact you directly, please complete this form and return it to the school.

As a parent/guardian of a student attending this school, I give consent to representatives from the school council and/or Parents Association to contact me for the purposes of information and input regarding school council and/or Parents Association business/activities. I understand that I have the right to cancel my consent in the future.

I would like to receive communication from the following Alternative High School committees:

☐ School Council ☐ Parents Assocation

Name: _____ Phone: _____

Email: _____

Signed: _____ Date: _____

For questions about the collection of your information, please contact the School Council Chairperson at AH.SchoolCouncil@gmail.com and/or Parents Association President at ahs.pa.president@gmail.com