



Together we ride the wave of life long success
Ka eke ngātahi tatou i tē ngaru o tē āngitu

COLLINGWOOD AREA SCHOOL

To the parent/Legal Guardian/Caregiver

- Please read this page carefully as it includes information about safety and security issues associated with privacy.
- Indicate your preference with regards to the sharing of your family and child’s personal information.

You are welcome to contact the school to discuss this Privacy Agreement if you wish.

I give permission for my child’s photograph and first name to be used for the School website, blogs, Flyer, Year Book or other publicity material Yes No

I am happy for my child’s personal information to be shared with health professionals for example NMDHB and the Child Oral Health Service Yes No

I am happy for my personal information to be shared with the NZSTA for BoT voting purposes. Yes No

Child’s Name:**Child’s Year:**

My Name:

Parent/Legal Guardian/Caregiver (*please circle which term is applicable*)

Signature: Date: