REQUEST FOR CATHOLIC STUDENT AWARD <u>2024</u>

STUDENT:			
	Name for	certificate	
	Grade in September o	r College/University	
	Home Address &	& Municipality	
Postal Code	Telephone	Email (if possible)	
SCHOOL:			
	Name of Second	ndary School	
	No. and	Street	
Muni	cipality		Postal Code
Telephone	Fax	*Email*	
SCHOOL BOARD:			
STUDENT'S ACTIV			
CERTIFICATE:			
	Date Req	uired	
	Principal's Signatu	ire and Date	
	Name of contact p	oerson if not Principal	
\square			
Please check t	his box to confirm you have c	completed the media release f	orm. Thank you
Kindly forw	ard a digital photo of your	nominated student to cef	o@tcdsb.org



STUDENT IDENTIFICATION CONSENT FORM

Under Ontario law, the Catholic Education Foundation of Ontario is required to inform you about how your child's personal information is used and disclosed while they are participating in CEFO and CEFO-related programs and activities, and to obtain your consent for the collection and sharing of this information. Personal information means any identifiable information about an individual in any recorded format. Examples of the ways CEFO may routinely collect, use, and disclose student personal information are as follows:

Student Identifying Information

- Names, photographs, and audio/ video recordings collected as part of the Catholic Student Award program
- Personal information captured by digital learning tools during CEFO events

Events and Activities

- Names, photographs and audio/ video recordings collected during CEFO events, awards assemblies, and graduations/commencements.
- Yearbooks and individual photographs at CEFO events

CEFO Promotional Opportunities

- CEFO promotional material, including posters, advertisements, CEFO-affiliated websites or CEFO-approved social media accounts (Twitter, YouTube, etc.)
- Media coverage for the purposes of promoting CEFO

I consent to the collection, use and disclosure of my/my child's identifying information while participating in CEFO or CEFO-related activities and programs.

Student Name:

Student Grade: _____

Student (18+)/Parent Signature:

Date: _____

This consent is given voluntarily in accordance with the *Municipal Freedom of Information and Protection of Privacy Act*.