

EAST YORK CI
PROM GUEST PERMISSION



Form must be completed and returned to East York CI at the time of ticket purchase.

Event: **2016 East York CI Prom** Date of Event: **Thursday, June 2, 2016**

PART A: To be completed by guest:

1. Print name of East York CI graduating student sponsoring you: _____
2. Print your name, address, and phone number Name: _____
Address: _____
Phone #: _____
3. Photo Identification: Photo ID # (this ID must be presented at event): _____
Type of Photo ID: _____

As a guest, I agree to:

- Respect those in attendance and follow the instructions/rules of East York CI and the TDSB.
- Not to be under the influence of or in possession of drugs or alcohol.
- Make myself known to the staff by way of photo ID upon entrance to the school event.
- Leave the event immediately if told to do so.
- Media Release must be completed and signed found on the back on this permission form.

I further agree that if I am found violating any of East York CI's policies, or the TDSB's Caring and Safe Schools Policy:

- I give permission for EYCI's principal to contact the principal of my school.
- I give permission for EYCI's principal to contact my parent or guardian to discuss the violation.
- I am aware that there may be further consequences, including but not limited to, police involvement.

Guest signature: _____ Date: _____

PART B: To be completed by the guest's parent or guardian:

I have read all of the conditions and rules and I give permission for my son/daughter to attend the East York CI event.

Parent/Guardian's signature: _____ Date: _____

Home Phone #: _____ Cell #: _____

PART C: To be completed by an Administrator of the guest's home school:

- I recommend that this student be considered for attendance at the East York CI event
 I do NOT recommend that this student be considered for attendance at the East York CI event

School Name: _____ Phone: _____

Principal/Vice Principal's Name: _____

Principal/Vice Principal's Signature: _____

EYCI School Use only: Approved Not Approved Vice Principal's signature: _____
Date: _____



Student Media Release Consent Form

Please ensure one box is checked for Part 1 and one box is checked for Part 2 of this form.

Part 1 – Events

I _____, hereby agree and give my permission for the
*(Name of parent/guardian if student is a minor, under the age of 18.
Name of student if an adult, 18 years of age or older.)*

Toronto District School Board (TDSB) and/or partners to record, film, photograph, audiotape or videotape my/my child's name, image, student work, and performance (hereinafter collectively referred to as "Works") and to display, publish or distribute these Works for the purpose of publishing, posting on the TDSB website, posting in schools, posting on social media sites and/or for broadcasting on television or radio as determined by the TDSB.

I hereby waive any right to approve the use of these Works now or in the future, whether the use is known to me or unknown, and I waive any right to any royalties related to the use of these Works.

I understand that the Works may appear in electronic form on the internet or in other publications outside of the TDSB's control. I agree that I will not hold the TDSB responsible for any harm that may arise from such unauthorized reproduction.

Please mark this box if you **AGREE** that your child may participate in recorded TDSB/school events and TDSB hosted events as described above. (See Part 2 below)

Please mark this box if you **DO NOT WISH** your child to participate in recorded TDSB/school events and TDSB hosted events.

Part 2 – Media Specific

I also understand that external media organizations may attend school events. I give permission for my/my child's name, image, student work, and performance to be photographed, filmed, audio-taped or videotaped for the purpose of being published and/or broadcast on-line, on television or radio.

Please mark this box if you **AGREE** that your child may participate in media events that may be published or broadcast by organizations external to the Toronto District School Board.

Please mark this box if you **DO NOT WISH** your child to be photographed, filmed, audio-taped or videotaped at media events.

I have read this Student Media Release Consent Form and I fully understand the contents and meaning of this release. I understand that I am free to contact the Principal with any questions regarding this release.

Student's Name: _____ Grade: ____

School: _____

Student's Signature (If 18 years of age or older) _____

Parent's/Guardian's Name: _____

Parent's/Guardian's Signature (If student is a minor – under the age of 18): _____

Date: _____