



Langley District Parent Advisory Council
Registration and Consent Form
2015-2016 School Year

SCHOOL NAME: _____

PAC web address: _____ School web address: _____
 Yes, please post our website information on the DPAC website.

PAC President Information

Name: _____ Phone: _____

Other Position(s) on any PAC: _____ Email: _____

PAC Representative to DPAC Information

Name: _____ Phone: _____

Other Position(s) on any PAC: _____ Email: _____

If you do not have an email address or do not wish your name to be included on the DPAC contact list, please provide email for an Alternate contact:

Alternate Contact: _____ Email: _____

PAC Position: _____

Use of Information

Langley DPAC will use the information provided above to communicate information to you, your school and SD #35 parents.

Your contact information will be made available to the DPAC Executive and School District #35. DPAC will not share your contact information outside of the school district without express consent.

DPAC will use the information provided for purposes pertaining to Langley DPAC or SD #35 business; or for the provision of information deemed by DPAC to be of interest to parents in the District.

*The information you provide will be used for a period of 16 months after the date of consent AND no later than **October 31, 2016** with the exception of your email address being left on the online mailing list to be removed at your discretion.*

Consent may be withdrawn at any time upon written notice to DPAC. Any concerns or complaints should be delivered to the DPAC President.

Consent Form

I/We have read and understand the *Use of Information* and consent to the release of the contact information provided above, under the terms herein set out.

Signature: _____ Signature: _____

Name: _____ Name: _____

Position: _____ Position: _____

Date: _____ Date: _____