



Our Lady of Mount Carmel Secondary School

3700 Trelawny Circle, Mississauga, Ontario L5N 5J7

Telephone: (905) 824-1025

Fax: (905) 824-4549

Dear Parents/Guardians:

Sometime during this academic school year, your son/daughter will turn eighteen years old. Individuals who are eighteen or over are considered adults in the eyes of the law and, as such, have access to all the rights and bear all the responsibilities of an adult. One of these rights is the right to privacy as defined by The Municipal Freedom of Information and Privacy Act (1991). Under this Act the adult's right to privacy (including release of information with regard to academic and other school matters) is protected. After your son/daughter turns eighteen, this information will **not** be shared with anyone including parents/guardians without your son's/daughter's consent.

The purpose of this letter is to advise you of this forthcoming status change and to initiate discussion with your son/daughter as to continuance of the said communication. Information items falling into this category include marks, attendance, punctuality, behaviour and discipline and any consequences resulting from these.

Please find on the back of this letter a form to be completed and signed by your son/daughter consenting to the continuation of communication and information between you the parents/guardians and the school. **Until the form is signed and on file at school, all communication regarding your son/daughter will cease after his/her eighteenth birthday.**

Sincerely,

J. Lezon
Principal

OUR LADY OF MOUNT CARMEL CATHOLIC SECONDARY SCHOOL

CONSENT FORM

Within the meaning of The Municipal Freedom
Of Information and Privacy Act

I, _____ consent to the sharing of information between the
Administrative and Teaching Staff at Our Lady of Mount Carmel Catholic Secondary School and my
parents/guardians with regard to my academic progress and other school-related issues.

Dated this ____ day of _____, 2018/2019

Date of Birth _____
Year / Month / Day

Signature of Student: _____

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I (We) acknowledge that our son/daughter has consented to the release of information as described
above.

Signature of Parents/Guardians: _____