



PAC Registration and Consent Form

2011 - 2012 School Year

SCHOOL NAME: _____

PAC President _____ Phone: _____

Email: _____ Phone: _____

Appointed/Elected PAC Representative to District PAC (SPEAC) Your PAC may have as many persons as they want to have as official representatives to SPEAC, but only one will be able to vote at each SPEAC meeting.

Name: _____ Phone: _____

PAC Position: _____ Email: _____

Alternate Name: _____ Phone: _____

PAC Position: _____ Email: _____

Use of Information

*Sooke Parents' Education Advisory Council (SPEAC) will use the information provided above to communicate information to you and your school and through you to SD #62 parents. Your contact information will be made available to the DPAC Executive. SPEAC **will not share** your contact information outside of SPEAC without expressed consent. SPEAC will use the information provided for purposes pertaining to SPEAC or for sharing information deemed by DPAC executive to be of interest to parents in SD #62.*

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

Signature: _____ Signature: _____

Name: _____ Name: _____

Position: _____ Position: _____

Date: _____ Date: _____

Our PAC is a BCCPAC member so will not need BCCPAC information forwarded

Our PAC **is not** a BCCPAC member but would like to have BCCPAC information forwarded to us

Our PAC is not interested in being part of BCCPAC at this time