



Community Helpers - Confidentiality Agreement 2020

I understand, through my participation in school activities, I may be privy to or acquire information concerning students, staff or community members.

I agree to the request of strict confidentiality at all times with regard to my knowledge of information acquired during participation or assistance at school activities, programs or functions.

I understand that a breach of this confidentiality will be viewed seriously and I may be asked to withdraw my assistance in the classroom or school.

Parent/s Signature

Parent/s Name:.....